

RENTAL APPLICATION

Property:	Received by:	Date/Time Received:	
«community»	Credit Check:	Home Visit:	
Head of Household «full_name»	Criminal History:	Prior Landlord:	
Spouse	Age	Date of Birth	Soc Sec # «ssn_masked»
	Age	Date of Birth	Soc Sec #
Unit Sizes Requested (Please Check All That Apply):			
	1-BR <input type="checkbox"/>	2-BR <input type="checkbox"/>	3-BR <input type="checkbox"/> 4-BR <input type="checkbox"/>

RESIDENCE INFORMATION

NOTE: YOU MUST PROVIDE RESIDENCE HISTORY FOR THE LAST THREE YEARS.

<u>Head of Household</u>	
Present Address	«address_line1»
«address_line2», «address_line3», «city», «state», «zip»	
Home Phone	
Length of Residence: From:	To:
Homeowner: Yes:	No:
Present Rent (Monthly)	\$
Present Utilities (Monthly)	\$
Current Landlord Name	
Address	
Telephone #	
Previous Address	
Residence: From:	To:
Previous Landlord Name	
Address	
Telephone	

<u>Spouse</u>	
Present Address	
Home Phone	
Length of Residence: From:	To:
Homeowner: Yes:	No:
Present Rent (Monthly)	\$
Present Utilities (Monthly)	\$
Current Landlord Name	
Address	
Telephone #	
Previous Address	
Residence: From:	To:
Previous Landlord Name	
Address	
Telephone	

EMPLOYMENT STATUS

<u>Head of Household</u>	
Employer	
Address	
Telephone	
Employed From:	To:
Monthly Salary	

<u>Spouse</u>	
Employer	
Address	
Telephone	
Employed From:	To:
Monthly Salary	

OTHER INCOME SOURCES (MONTHLY)

(NOTE: Only complete if you wish to have these incomes considered for eligibility purposes)

<u>Head of Household</u>	
Social Security	\$
SSI	\$
Pension	\$
Welfare/AFDC	\$
Support Payments	\$

<u>Spouse</u>	
Social Security	\$
SSI	\$
Pension	\$
Welfare/AFDC	\$
Support Payments	\$



Interest	\$
Dividends	\$
Other	\$

Interest	\$
Dividends	\$
Other	\$

CREDIT REFERENCES (List Three)

<u>Head of Household</u>	
Name	
Address	
Telephone	
Name	
Address	
Telephone	
Name	
Address	
Telephone	

<u>Spouse</u>	
Name	
Address	
Telephone	
Name	
Address	
Telephone	
Name	
Address	
Telephone	

OTHERS LIVING IN HOUSEHOLD

(1) Name		Age		Soc. Sec.#		(4) Name		Age		Soc. Sec.#	
(2) Name		Age		Soc. Sec.#		(5) Name		Age		Soc. Sec.#	
(3) Name		Age		Soc. Sec.#		(6) Name		Age		Soc. Sec.#	

ARE YOU, OR ANY MEMBER OF YOUR HOUSEHOLD SUBJECT TO A LIFETIME SEX OFFENDER REGISTRATION REQUIREMENT? YES NO

A COMPLETE LIST OF STATES IN WHICH ANY HOUSEHOLD MEMBER HAS LIVED **IS REQUIRED**. PLEASE LIST BELOW.

NAME _____ STATES _____

NAME _____ STATES _____

NAME _____ STATES _____

NAME _____ STATES _____

DO YOU HAVE A CAR AND NEED A PARKING SPACE? YES NO

I UNDERSTAND THAT ALL THE ABOVE INFORMATION IS SUBJECT TO VERIFICATION TO DETERMINE MY HOUSEHOLD'S ELIGIBILITY FOR ADMISSION, AND HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TO THE BEST OF MY KNOWLEDGE TRUE AND CORRECT. IN ADDITION, FOR ALL HOUSEHOLD MEMBERS, I AUTHORIZE AND CONSENT TO INQUIRIES BEING MADE REGARDING THE FOLLOWING SCREENING CRITERIA: CREDIT HISTORY, RENTAL HISTORY, CRIMINAL HISTORY, AND/OR HOUSEKEEPING HABITS.

Please sign: First – Middle – Last Name below.

Applicant

Applicant

Date

Date

