RENTAL APPLICATION

Application Fee:
_____

Security Deposit: _____

Size/Style Desired:
_____

Traffic Source: _____

Date Needed: _____

Pet, if any: _____

Applicant

Co-Applicant

Applicant	Co-Applicant
Last Name First Name Initial	Last Name First Name Initial
Street Address City	Street Address City
State Zip Code Daytime Phone #	State Zip Code Daytime Phone #
Email Address: Date of Birth	Email Address: Date of Birth
Social Security # Driver's License #	Social Security # Driver's License #
Residency Status: _____ Own _____ Rent	Residency Status: _____ Own _____ Rent
Current Landlord Name:	Current Landlord Name:
Current Landlord Address Phone #	Current Landlord Address Phone #
Length of Residency Reason For Leaving	Length of Residency Reason For Leaving
Previous Landlord Name	Previous Landlord Name
Previous Landlord Address Phone #	Previous Landlord Address Phone #
Length of Residency Reason For Leaving	Length of Residency Reason For Leaving

Additional Occupants	*Date of Birth*	*Student Status*	*Social Security*	*Relation*	*Sex*
Last Name First Name Initial		F/ T P/ T N/ A			
Last Name First Name Initial		F/ T P/ T N/ A			
Last Name First Name Initial		F/ T P/ T N/ A			
Last Name First Name Initial		F/ T P/ T N/ A			

Emergency Contact

Name Address	License Plate #	State	Make/Model/Year
Phone # Relationship	License Plate #	State	Make/Model/Year

Check Yes or No to the following questions (<u>ALL</u> questions must be answered):   <u>Yes</u> <u>No</u>

1) Have you or anyone else named on this application filed for bankruptcy? Closure date: _____ ☐ ☐
2) Have you or anyone else named on this application been arrested or convicted of a felony? ☐ ☐
3) If yes, name and explanation _____
4) Have you or anyone else on this application been evicted? ☐ ☐
   If yes, name and explanation _____
5) Do you have full custody of all children living in the household? ☐ ☐
6) Are any of the anticipated household member's foster children? ☐ ☐

Income:

	Yes	**No**		**Yes**	**No**
Employment	☐	☐	Self Employment	☐	☐
Child Support	☐	☐	Alimony	☐	☐
Social Security / SSI	☐	☐	Public Assistance (AFDC/ TANF)	☐	☐
Veteran's Benefit	☐	☐	Other Pensions	☐	☐
Unemployment	☐	☐	Workman's Comp	☐	☐
Military Pay	☐	☐	Recurring Gifts	☐	☐
Rental Income	☐	☐	Settlements	☐	☐
Severance Package	☐	☐	Other Income	☐	☐

Contact Information (For each "Yes" marked for Income, please complete the following):

Household Member Name	**Amount Received**	**Contact Information**
	$_____ ☐ Hourly ☐ Weekly ☐ Bi-Weekly ☐ Twice Monthly ☐ Monthly ☐ Annually ☐ Other	Source Name: Address: Phone Number:
	$_____ ☐ Hourly ☐ Weekly ☐ Bi-Weekly ☐ Twice Monthly ☐ Monthly ☐ Annually ☐ Other	Source Name: Address: Phone Number:
	$_____ ☐ Hourly ☐ Weekly ☐ Bi-Weekly ☐ Twice Monthly ☐ Monthly ☐ Annually ☐ Other	Source Name: Address: Phone Number:

Assets

	Yes	**No**		**Yes**	**No**
Checking	☐	☐	Savings	☐	☐
Certificate of Deposit	☐	☐	Money Market	☐	☐
Stocks/ Bonds	☐	☐	Mutual Funds/ IRA/ 401K	☐	☐
Annuity	☐	☐	Trust Fund	☐	☐
Whole Life Insurance	☐	☐	Term Life Insurance	☐	☐
Real Estate/ Land	☐	☐	Safe Deposit Box	☐	☐
Cash on Hand > $500	☐	☐	Personal Property	☐	☐

(Held as an investment)

Contact Information *(For each "Yes" marked for Assets, please complete the following):*

Household Member Name	Asset Type	Cash Value	Contact Information	
			Source Name/ Address	Phone #
			Source Name/ Address	Phone #
			Source Name/ Address	Phone #
			Source Name/ Address	Phone #

SIGNATURE CLAUSE

I certify that all information and answers to the above questions are true and complete to the best of my knowledge. I consent to release the necessary information to determine my eligibility. I understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may result in criminal penalties.

I authorize my consent to have management verify the information contained in this application for purposes of proving my eligibility for occupancy. I will provide all necessary information including sources, names, addresses, phone numbers, account numbers (where applicable) and any other information required for expediting this process. I understand that my occupancy is contingent upon meeting management's resident selection criteria and the Housing Credit Program requirements.

ALL HOUEHOLD MEMBERS 18 AND OLDER MUST SIGN BELOW:

_____   _____
Signature   Date

_____   _____
Signature   Date

_____   _____
Signature   Date

_____   _____
Signature   Date