



PO Box 23171, Richmond, VA, 23223

www.urban-hope.org

Office Use Only Date Rec'd _____
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### Rental Application

#### Applicant Information

Applicant Last Name:		First:	Middle:	Date of Birth:	
Work Phone: (    )		Cell Phone: (    )		Email:	Social Security Number: -    -
Current Address:			Apt #:	City:	State:    Zip:
From: / /	To: / /	Rent: \$	Name of Landlord:		Phone: (    )
Previous Address:			Apt#:	City:	State:    Zip:
From: / /	To: / /	Rent: \$	Name of Landlord:		Phone: (    )
Are you current on your rent payments?			List utilities you pay:		

#### Sources of Income/Employment Information

Check all sources of income and how much you get each **month** (You will be asked to turn in verification for all income):

	Monthly Amount	Monthly Amount
<input type="checkbox"/> Wages, salaries		<input type="checkbox"/> Unemployment
<input type="checkbox"/> Disability		<input type="checkbox"/> Child support
<input type="checkbox"/> Retirement benefits		<input type="checkbox"/> Social security income
<input type="checkbox"/> Public assistance		<input type="checkbox"/> Other

<b>Present Employer:</b>	Position:	Hours a week:	Hourly wage:	How long have you held your current job?
Employers' Address:		Employers' Phone Number:		Supervisor's Name:
<b>Previous Employer:</b>	Position:	Hours a week:	Hourly wage:	Dates of employment?
Employers' Address:		Employers' Phone Number:		Supervisor's Name:

#### Credit History

Have you filed for bankruptcy in the past seven years?	Circle One: Yes    No    When: _____
Have you had two or more late rental payments in the past year?	Yes    No
Have your ever been evicted from a rental residence?	Yes    No    When: _____
How would you rate your credit?	Needs improvement    Fair    Good
Have you ever seen your credit report?	Yes    No    Most recent date: _____

Personal Reference (other than a family member, current employer or landlord)		
Name:	How do you know this individual:	Phone Number: (     )
Family Composition		
Please list the number of <b>Adults</b> (18+) that would live with you and how you are related to these individuals:		
Please list the number of <b>Children</b> that would live with you, how you are related to these individuals and their age:		
General Information		
How did you hear about Urban Hope, Inc. ?		
Are you willing to commit to two months of budgeting classes?		
Please describe your reason for wanting to find a new apartment/house:		
How many bedrooms do you prefer?		

**Authorization for Release of Information**

UPON SIGNING THIS APPLICATION, I/WE CERTIFY THAT I/WE ARE ABOVE LEGAL AGE AND THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY/OUR KNOWLEDGE. I/WE HEREBY AUTHORIZE URBAN HOPE, INC., ITS BOARD, EMPLOYEES AND/OR REPRESENTATIVES, AND JEWELS PROPERTIES, LLC TO VERIFY ANY AND ALL INFORMATION AS MAY BE DEEMED NECESSARY FOR APPROVAL OF PARTICIPATION IN ALL SAID PROGRAMS AND SERVICES OF URBAN HOPE, INC. I/WE FURTHER PERMIT URBAN HOPE, INC., ITS BOARD, EMPLOYEES, AND OR REPRESENTATIVES, AND JEWELS PROPERTIES, LLC TO OBTAIN AND REVIEW MY/OUR CREDIT REPORT. I/WE HAVE READ, UNDERSTAND AND AGREE TO ABIDE BY THE CONDITIONS STATED HEREIN.

I/WE ALSO GIVE CONSENT TO INQUIRE INTO MY CRIMINAL BACKGROUND (COUNTY AND STATE).

Applicant Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Thank you for completing the Urban Hope Rental Application. Please mail the application along with copies of the following documents:

1. Copy of Driver’s License or State Issued ID
2. Copy of Social Security Card
3. Copy of Credit Report
4. Most Recent Bank Statement for the Last 30 Days
5. Pay Information for Last 3 months/Proof of Social Security Income
6. Utility Information for Current (or Previous Accounts)

Mail to: Urban Hope, PO Box 23171, Richmond, VA, 23223