



**FOR OFFICE USE ONLY:**  
 Date App. Recv'd: \_\_\_\_\_  
 Time: \_\_\_\_\_  
 Received By: \_\_\_\_\_

## RENTAL APPLICATION

**PROPERTY:** \_\_\_\_\_

Instructions: Please complete ALL sections of this application. ALL adult household members must complete a separate application. Submitting duplicate copies will be cause for rejection of all applicants.

With respect to the treatment of applicants, the Management Agent will not discriminate against any individual or family because of race, color, creed, national or ethnic origin or ancestry, religion, sex, sexual preference, gender identity, age, disability, handicap, military status, source of income, marital status or familial status, acquired immune deficiency syndrome (AIDS) or AIDS-related conditions (ARC), or any other arbitrary basis.

**General Information**

1. What size unit are you applying for: # Bedroom(s) \_\_\_\_\_
2. Do you require that your apartment be designed for the disabled.  YES  NO  
 Please explain type of unit needed: \_\_\_\_\_
3. Do you own any pets?  YES  NO
4. How did you hear about us?  Online  Friend  Drive By  Other

**Household Information**

List ALL household members that are applying to live in the unit.

Name <i>First, Middle Initial, Last</i>	Relationship to Head of Household	M/F	Social Security Number	Birthdate <i>Month, Date, Year</i>

**Current Address:**

Street Number \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

- YES  NO  1. Do you expect any additions to the household within the next 12 months?  
 Name & Relationship: \_\_\_\_\_  
 Explanation: \_\_\_\_\_
- YES  NO  2. Is there anyone living with you now who won't be living with you at this property?  
 Name & Relationship: \_\_\_\_\_
- YES  NO  3. Are there any absent household members who under normal conditions would live with you? (For example, a household member away in the military.)  
 Explanation: \_\_\_\_\_
- YES  NO  4. Are there any Veterans living in your household? If Yes, which branch of service: USA \_\_\_\_\_ USAF \_\_\_\_\_ USMC \_\_\_\_\_ USN \_\_\_\_\_





**Income is counted for anyone 18 or older (and legally emancipated minors)**

TOTAL MONTHLY HOUSEHOLD INCOME \$ \_\_\_\_\_

CURRENT EMPLOYER: \_\_\_\_\_  
 Company Name Phone # Contact Name

1. What is your current monthly rent? \$ \_\_\_\_\_

2. Why do you want to vacate your current residence?  
 \_\_\_\_\_  
 \_\_\_\_\_

3. What is the size of your current residence? # of Bedrooms \_\_\_\_\_

**PLEASE LIST AN EMERGENCY CONTACT:**

Name	Relationship	Address	Phone #
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**Rental History**

- YES** \_\_\_ **NO** \_\_\_ 1. Have you or anyone else named on this application filed for bankruptcy?  
 Explanation: \_\_\_\_\_
- YES** \_\_\_ **NO** \_\_\_ 2. Have you or anyone else named on this application been convicted of a felony?  
 Explanation: \_\_\_\_\_
- YES** \_\_\_ **NO** \_\_\_ 3. Have you or anyone else named on this application been evicted from a rental unit of any type  
 Including apartment, mobile home, home or trailer?  
 Explanation: \_\_\_\_\_

List your addresses for the past **THREE** years. (If additional space is required, use the back of this page.)

<u>Landlord's Name/Address</u>	<u>Your Address</u>	<u>Own/Rent</u> (Circle One)	<u>Dates</u>
Name: _____ Address: _____	_____	Own Rent	From: _____ To: _____
Phone: ( ) _____			
Name: _____ Address: _____	_____	Own Rent	From: _____ To: _____
Phone: ( ) _____			
Name: _____ Address: _____	_____	Own Rent	From: _____ To: _____
Phone: ( ) _____			



**Vehicle Information**

How many cars does your household possess? \_\_\_\_\_

List vehicle information for all vehicles:

	<u>License Plate #</u>	<u>State Issued</u>	<u>Make/Model/Year</u>
Vehicle #1:	_____	_____	_____
Vehicle #2:	_____	_____	_____

YES \_\_\_ NO \_\_\_ 1. **Will you or any ADULT household member require a live-in care attendant?**  
 Name of Attendant: \_\_\_\_\_  
 Relationship (if any): \_\_\_\_\_

YES \_\_\_ NO \_\_\_ 2. **Will your household be receiving a Housing Choice Voucher/Rental Assistance at time of move-in?**  
 Name of Agency: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_

**Credit and Criminal Background Information**

PLEASE SIGN BELOW TO AUTHORIZE THE CREDIT REPORT AND CRIMINAL BACKGROUND CHECK. Management will perform a credit and eviction history and a criminal background check of all applicants 18 years of age or older as a part of the applicant screening criteria. Your application will not be considered unless you provide management with your consent to obtain a credit and criminal report on each adult household member.

\_\_\_\_\_  
Signature

**Rental History**

I understand that management is relying on this information to prove my household's eligibility for the Housing Credit Program. I certify that all information and answers to the above questions are true and complete. 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 source names, addresses, phone numbers, account numbers where applicable and any other information required for expediting this process. I understand that my occupancy is contingent on meeting management's resident selection criteria and the Housing Credit Program requirements.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date