

# RENTAL APPLICATION

## Housing Credit Program

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

*ALL QUESTIONS MUST BE ANSWERED COMPLETELY IN ORDER FOR YOUR APPLICATION TO BE PROCESSED. DO NOT LEAVE ANY QUESTION UNANSWERED. \*A separate application is required for each unmarried individual age 18 years and over. \*\* IDENTIFICATION IS REQUIRED TO COMPLETE APPLICATION*

DO NOT USE WHITE-OUT ON THIS APPLICATION

**Household Information:**

Do you require a handicap unit?  Yes  No

Complete the following information for each household member that will occupy the apartment at time of move in:

Name (First, M.I., Last)	Relationship to Head of Household	Male/ Female	Social Security Number	Birth date (Mo/Day/ Yr)	Marital Status	Full time Student?

Check one:  Rent  Own      Current Address: \_\_\_\_\_  
Street Address, P.O. Box Number, Apartment Number, etc.

Length of Time at Current Address: \_\_\_\_\_  
City State Zip Code

Email Address: \_\_\_\_\_      ( ) \_\_\_\_\_      ( ) \_\_\_\_\_  
Daytime Telephone# Evening Telephone#

**Income Information:**

Include all gross annual income anticipated for the next 12 months. Include the dollar (\$) amount in the space provided.

YES  NO

**Do YOU or ANYONE in your household receive OR expect to receive income from:**

**1. GROSS Employment wages or salaries?** (Include all overtime, tips, bonuses, commissions earned and any payments received in cash.)

Household Member's Name \_\_\_\_\_  
 Gross Amount Earned \$ \_\_\_\_\_      Circle one:    Week    Month    Year  
 Employer \_\_\_\_\_      How Long? \_\_\_\_\_  
 Employer Address (Street/City/State) \_\_\_\_\_  
 Position: \_\_\_\_\_      Employer Telephone # ( ) \_\_\_\_\_

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 Household Member's Name \_\_\_\_\_  
 Gross Amount Earned \$ \_\_\_\_\_      Circle one:    Week    Month    Year  
 Employer \_\_\_\_\_      How Long? \_\_\_\_\_  
 Employer Address (Street/City/State) \_\_\_\_\_  
 Position: \_\_\_\_\_      Employer Telephone # ( ) \_\_\_\_\_

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 Household Member's Name \_\_\_\_\_  
 Gross Amount Earned \$ \_\_\_\_\_      Circle one:    Week    Month    Year  
 Employer \_\_\_\_\_      How Long? \_\_\_\_\_  
 Employer Address (Street/City/State) \_\_\_\_\_  
 Position: \_\_\_\_\_      Employer Telephone # ( ) \_\_\_\_\_

**2. Self-employment?**

Source \_\_\_\_\_ Household Member \_\_\_\_\_ Amount / Frequency \$ \_\_\_\_\_

YES NO

3. **Unemployment benefits or worker's compensation?**  
 Source \_\_\_\_\_ Household Member \_\_\_\_\_ Amount / Frequency \$ \_\_\_\_\_
4. **Public Assistance (such as TANF), Child Support, or Alimony?**  
 Source \_\_\_\_\_ Household Member \_\_\_\_\_ Amount / Frequency \$ \_\_\_\_\_
5. **Social Security, SSI, Veterans benefits, pension, retirement benefits, annuities, disability, death benefits or life insurance dividends**  
 Source \_\_\_\_\_ Household Member \_\_\_\_\_ Amount / Frequency \$ \_\_\_\_\_
6. **Any other income from any other source whatsoever (ex.: rental property, recurring gifts, etc.)?**  
 Source \_\_\_\_\_ Household Member \_\_\_\_\_ Amount / Frequency \$ \_\_\_\_\_

**Asset Information:**

Include all assets held and the corresponding annual interest rate, dividends, or any other income derived from the asset. An asset is defined as any lump sum amount that you hold and currently have access to. Include the value of the asset and corresponding income from the asset in the space provided.

YES NO **Include ALL assets held by ALL household members including minors. Do YOU or ANYONE in your household hold?**

1. Checking (average six-month balance), pay card (current balance), or savings account (current balance)?  
 Type of Account \_\_\_\_\_ Location of Account \_\_\_\_\_  
 Household Member's Name \_\_\_\_\_ Amount in Account \_\_\_\_\_  
 Account # \_\_\_\_\_ Interest Rate \_\_\_\_\_
2. CDs, money market accounts, mutual funds, treasury bills, stocks, bonds, securities, trust fund?  
 Type of Account \_\_\_\_\_ Location of Account \_\_\_\_\_  
 Household Member's Name \_\_\_\_\_ Amount in Account \_\_\_\_\_  
 Account # \_\_\_\_\_ Interest Rate \_\_\_\_\_
3. Pensions, IRAs, KEOGH, or other retirement accounts?  
 Type of Account \_\_\_\_\_ Location of Account \_\_\_\_\_  
 Household Member's Name \_\_\_\_\_ Amount in Account \_\_\_\_\_  
 Account # \_\_\_\_\_ Interest Rate \_\_\_\_\_
4. Whole Life Insurance or other Life Insurance Policies that have a cash value?  
 Type \_\_\_\_\_ Household Member Name \_\_\_\_\_ Value \$ \_\_\_\_\_  
 Type \_\_\_\_\_ Household Member Name \_\_\_\_\_ Value \$ \_\_\_\_\_
5. Cash on hand (excluding any amounts listed above)?  
 Household Member's Name \_\_\_\_\_ Amount \_\_\_\_\_  
 Household Member's Name \_\_\_\_\_ Amount \_\_\_\_\_
6. Real estate, rental property, land, contract for deeds or other real estate holdings or personal property as an investment? (Includes your personal residence, mobile homes, vacant land, farms, vacation homes, or commercial property.)  
 Type \_\_\_\_\_ Household Member Name \_\_\_\_\_ Value \$ \_\_\_\_\_  
 Type \_\_\_\_\_ Household Member Name \_\_\_\_\_ Value \$ \_\_\_\_\_
7. Have you or any household member disposed of, given away or sold any asset(s) for Less than fair market value within the past 2 years?  
 Household Member's Name \_\_\_\_\_ Amount \_\_\_\_\_  
 Explanation \_\_\_\_\_
- TOTAL DOLLAR AMOUNT OF ALL ASSETS COMBINED** \$ \_\_\_\_\_  
**TOTAL ANNUAL INCOME EARNED FROM COMBINED ASSETS** \$ \_\_\_\_\_

**Zero Income Verification: Are YOU or ANY OTHER ADULT member of your household Unemployed?**

- YES NO  
  **Claiming zero income and/or unemployed?** If so, who? \_\_\_\_\_

**Rental History:**

**List the past THREE (3) years of rental / housing references:**

Landlord's Name \_\_\_\_\_  
Landlord's Address \_\_\_\_\_  
Landlord's Phone Number ( ) \_\_\_\_\_  
Your Address \_\_\_\_\_  
Dates From \_\_\_\_\_ to \_\_\_\_\_ Monthly Amount \$ \_\_\_\_\_ Rented \_\_\_ Owned

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Landlord's Name \_\_\_\_\_  
Landlord's Address \_\_\_\_\_  
Landlord's Phone Number ( ) \_\_\_\_\_  
Your Previous Address \_\_\_\_\_  
Dates From \_\_\_\_\_ to \_\_\_\_\_ Monthly Amount \$ \_\_\_\_\_ Rented \_\_\_ Owned

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Landlord's Name \_\_\_\_\_  
Landlord's Address \_\_\_\_\_  
Landlord's Phone Number ( ) \_\_\_\_\_  
Your Previous Address \_\_\_\_\_  
Dates From \_\_\_\_\_ to \_\_\_\_\_ Monthly Amount \$ \_\_\_\_\_ Rented \_\_\_ Owned

YES NO

**Have you ever been evicted from an apartment for any reason or had foreclosure actions taken?**

If "YES", please provide explanation of circumstances: \_\_\_\_\_  
\_\_\_\_\_

**Personal References:**

**List two (2) personal references other than a relative.**

Name of Reference \_\_\_\_\_  
Address of Reference \_\_\_\_\_  
Your Address \_\_\_\_\_  
Phone ( ) \_\_\_\_\_ Relationship \_\_\_\_\_ Years Known \_\_\_\_\_

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Name of Reference \_\_\_\_\_  
Address of Reference \_\_\_\_\_  
Your Address \_\_\_\_\_  
Phone ( ) \_\_\_\_\_ Relationship \_\_\_\_\_ Years Known \_\_\_\_\_

**Emergency Contact:**

In Case of Emergency, Notify (nearest relative not living with you):

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Live-In Care Attendant:**

YES NO

**Will you or anyone in your household require a live-in care attendant?** (A copy of their social security card/ picture identification is required with this application)

Name of Live-In Care Attendant \_\_\_\_\_  
Relationship (if any) \_\_\_\_\_

**Other Information:**

**Answer either "YES" or "NO" to each question.**

YES NO

**1. Have you ever filed for bankruptcy or had credit problems?** If "YES", please provide explanation of circumstances:

\_\_\_\_\_































