

# RENTAL APPLICATION

Property Name: \_\_\_\_\_ Date: \_\_\_\_\_

Apartment Size Desired: Number of Bedrooms \_\_\_\_\_

**1. FAMILY DATA:**

Name of Head of Household (Head)				Spouse Name (if living with the household)			
Current Address: Street		City	State	Zip	Day Phone	Night Phone	
a.) Have you ever used another name? Yes ____ No ____ If yes, please indicate name _____							

**PLEASE ANSWER ALL QUESTIONS! Do not leave any space blank, write "No or N/A" where appropriate. White-out is not acceptable.**

PLEASE PRINT.

Directions to Applicant: Please complete the table below for each member of your household, whether or not those members are related. Include all members who you anticipate will live with you at least 50% of the time during the next 12 months. **(A full time student is anyone who is enrolled for at least five calendar months during this taxable year for the number of hours or courses which are considered full-time attendance by that institution. The five months need not be consecutive).**

If you need additional space for answers to any paragraph listed below, attach additional sheets and make sure you include a reference to the paragraph number, your name and your social security number.

**2. HOUSEHOLD COMPOSITION:**

Member Number	Name(s)	Relation to Head	Date of Birth	Gender (M/F)	Social Security #	Student (Y/N)	If Yes, PT or FT
1.		HEAD					
2.							
3.							
4.							
5.							
6.							

Do all of the above household members reside in the household 100% of the time? Yes \_\_\_\_ No \_\_\_\_ If no, please list the household members that do not live in the household 100% of the time: \_\_\_\_\_

Anticipated changes in the household size within the next 12 months? Yes \_\_\_\_ No \_\_\_\_ If Yes, explain \_\_\_\_\_

Anticipated change in number of students within the next 12 months? Yes \_\_\_\_ No \_\_\_\_ If Yes, explain \_\_\_\_\_

Current Marital Status: Single \_\_\_\_ Married \_\_\_\_ Divorced \_\_\_\_ Separated \_\_\_\_ Widowed \_\_\_\_

Are all occupants full time students? Yes \_\_\_\_ No \_\_\_\_ If Yes, please answer the following:

- a.) Are any of the students married and entitled to file a joint Federal Income Tax Return with their spouse?  
Yes \_\_\_\_ No \_\_\_\_ (If Yes, attach a copy of the Signed Federal Income Tax Return).
- b.) Are any of the students receiving assistance under Title IV of the Social Security Act, which includes but is not limited TANF/AFDC? Yes \_\_\_\_ No \_\_\_\_
- c.) Are any of the students enrolled in a job training program receiving assistance under the Workforce Investment Act (WIA)/Job Training Partnership Act (JTPA) of under similar Federal, State or local laws? Yes \_\_\_\_ No \_\_\_\_
- d.) Does the household consist of single-parent(s) and their child(ren) and such parent(s) are not dependents on another individual tax return and such children are not dependents of another individual other than a parent of such child? Yes \_\_\_\_ No \_\_\_\_ (If Yes, and all household members are full time students, a signed copy of your Tax Return and Divorce Decree must be attached).
- e.) Does the household consist of at least one student who was previously under foster care? Yes \_\_\_\_ No \_\_\_\_

**3. ANTICIPATED HOUSEHOLD INCOME: PRESENT EMPLOYMENT AND OTHER INCOME RECEIVED BY HOUSEHOLD MEMBERS:** For the following indicate the amount of anticipated income for all household members (for minors, unearned income amounts only), during the 12 months period beginning this date. If you are uncertain which types of income must be included or may be excluded, please ask the management personnel for assistance.

<b>YES</b>	<b>NO</b>	<b>Do you or anyone in your household have:</b>	<b>Annual Amount</b>
_____	_____	Wages or salaries, (include overtime, tips, bonuses, commissions and payment received in cash)	\$ _____
_____	_____	Child Support, ( <u>includes child support you are entitled to</u> but may not be receiving)	\$ _____
_____	_____	Alimony (includes alimony you are entitled to but may not be receiving)	\$ _____
_____	_____	Social Security	\$ _____
_____	_____	Supplemental Security Income (SSI)	\$ _____
_____	_____	Public Assistance (General Relief, and/or TANF/AFDC) (excluding SNAP)	\$ _____
_____	_____	Veterans Administration Benefits	\$ _____
_____	_____	Pension Income	\$ _____
_____	_____	Unemployment Compensation	\$ _____
_____	_____	Income from Insurance Policies	\$ _____
_____	_____	Disability, Death Benefits and/or Life Insurance Dividends	\$ _____
_____	_____	Worker's Compensation	\$ _____
_____	_____	Severance Pay	\$ _____
_____	_____	Net Income from a Business (including rental property, land contracts or other forms of real estate)	\$ _____
_____	_____	Interest, Dividend & Other Income from Net Family Assets	\$ _____
_____	_____	Regular Contributions and/or Gifts from Person not residing at unit	\$ _____
_____	_____	Lottery Winnings or Inheritances (Paid as an annuity)	\$ _____
_____	_____	All regular pay paid to members of the Armed Forces	\$ _____
_____	_____	Annuities	\$ _____
_____	_____	Retirement Savings Plans (IRA/401K/Keogh, etc.)	\$ _____
_____	_____	Required Minimum Distribution	\$ _____
_____	_____	Education Grants, Scholarships or Other Students Benefits	\$ _____
_____	_____	Self Employment	\$ _____
_____	_____	Other _____	\$ _____
<b>TOTAL</b>			\$ _____

\_\_\_\_\_ Are any of these incomes listed above being deposited onto a pre-paid debit card (ReliaCard, Direct Express, NetSpend, Citi Bank, etc.). If so, please provide documentation so this may be verified.

**4. ASSET INCOME:** List all assets currently held by all household members and the cash value of each. The cash value is the market value of the asset minus reasonable costs there was, or would be, incurred in selling or converting the asset to cash.

<b>YES</b>	<b>NO</b>	<b>Do you or anyone in your household have:</b>	<b>Cash Value</b>
_____	_____	A Savings Account?	\$ _____
_____	_____	A Checking Account?	\$ _____
_____	_____	Certificates of Deposit?	\$ _____
_____	_____	Money Market Account?	\$ _____
_____	_____	A Safety Deposit Box?	\$ _____
_____	_____	Money Held in Trust?	\$ _____
_____	_____	Any Stocks, Bonds or Securities?	\$ _____
_____	_____	Any Treasury Bills?	\$ _____
_____	_____	A Retirement Fund? (Includes IRA's, Keogh accounts, 401k's)	\$ _____
_____	_____	Annuities?	\$ _____
_____	_____	A Pension Fund?	\$ _____
_____	_____	Life Insurance (excludes term life insurance)?	\$ _____
_____	_____	Prepaid Debit Card? (ReliaCard, Direct Express, NetSpend, Citi Bank, etc.)	\$ _____
_____	_____	Have any Personal Property held as an Investment (this includes: paintings, artwork, collectors or show cars, jewelry, coin or stamp collections, antiques etc.)?	\$ _____
_____	_____	Other equity in real estate, rental property, land contracts/contract for deeds or other real estate holding or other capital investments (this includes your personal residence, mobile homes, vacant land, farms, vacation homes, or commercial property)? Market Value Less: (a) any unpaid balance on loans secured by property, and (b) reasonable costs that would be incurred in selling the asset – penalties, broker fees, etc.	\$ _____
_____	_____	Received any Lump Sum Receipts? When _____ (Include inheritances, capital gains, lottery winnings, insurance settlements and other claims)	\$ _____
_____	_____	Other Assets not listed?	\$ _____
_____	_____	Have you disposed of any assets (e.g. real estate, cash, stock, etc.) in the past two years? If yes, please describe: _____	\$ _____

**5. EMPLOYMENT HISTORY:**

<b>Applicant Employed By:</b>			
<b>How Long:</b>		<b>Supervisor:</b>	
<b>Current Wage: \$</b>	<b>Hours per week:</b>	<b>Overtime wage: \$</b>	<b>Overtime hours per week:</b>
<b>Employer Address:</b>			
<b>Start Date:</b> _____		<b>End Date:</b> _____	
<b>Spouse Employed By:</b>			
<b>How Long:</b>		<b>Supervisor:</b>	
<b>Current Wage: \$</b>	<b>Hours per week:</b>	<b>Overtime wage: \$</b>	<b>Overtime hours per week:</b>
<b>Employer Address:</b>			
<b>Start Date:</b> _____		<b>End Date:</b> _____	
<b>Other Applicant Employed By:</b>			
<b>How Long:</b>		<b>Supervisor:</b>	
<b>Current Wage: \$</b>	<b>Hours per week:</b>	<b>Overtime wage: \$</b>	<b>Overtime hours per week:</b>
<b>Employer Address:</b>			
<b>Start Date:</b> _____		<b>End Date:</b> _____	

**6. CREDIT HISTORY**

Have you ever filed for bankruptcy? Yes \_\_\_\_ No \_\_\_\_ If yes, please explain \_\_\_\_\_

Do you currently or have you previously had a judgment filed against you? Yes \_\_\_\_ No \_\_\_\_ If yes, please explain \_\_\_\_\_

**Credit References**

<u>Name</u>	<u>Address / Phone</u>	<u>Monthly Payment</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

**7. RESIDENCE HISTORY: CURRENT & PREVIOUS LANDLORDS:**  
(Past 2 years residence including any owned by applicants.)

Current Address		Rent/Month	Utilities/Month	Move-In Date	Reason for Leaving
Landlord Name		Landlord Address			Landlord Phone
Previous Address		Rent/Month	Utilities/Month	Move-In Date	Reason for Leaving
Landlord Name		Landlord Address			Landlord Phone
Previous Address		Rent/Month	Utilities/Month	Move-In Date	Reason for Leaving
Landlord Name		Landlord Address			Landlord Phone

**8. VEHICLES (including company cars, motorcycles, etc.):**

Member Number	Driver's License Number / State	Model	Year	Color	License Plate Number / State

**9. OTHER**

Do you have full custody of your child(ren)? Yes \_\_\_ No \_\_\_ N/A \_\_\_ Explain the custody arrangements: \_\_\_\_\_

Have you ever been evicted? Yes \_\_\_ No \_\_\_ If Yes, explain \_\_\_\_\_

Have you ever been convicted of a felony? Yes \_\_\_ No \_\_\_ If Yes, explain \_\_\_\_\_

Will your household be receiving Section 8 rental assistance at the time of move-in? Yes \_\_\_ No \_\_\_

Will your household be eligible or are you applying to receive Section 8 rental assistance in the next 12 months?

Yes \_\_\_ No \_\_\_ Explain \_\_\_\_\_

Have you ever received rental assistance? Yes \_\_\_ No \_\_\_ If Yes, explain \_\_\_\_\_

Has your rental assistance ever been terminated for fraud, non-payment of rent or failure to recertify?

Yes \_\_\_ No \_\_\_ If Yes, explain \_\_\_\_\_

**10. SPECIAL NEEDS:**

Does anyone in your household have special needs? Yes \_\_\_ No \_\_\_

Special living accommodations required? Yes \_\_\_ No \_\_\_

Please Explain (Attach additional pages as needed): \_\_\_\_\_

**11. IN CASE OF EMERGENCY, NOTIFY:**

Name	Address	Phone

**I/We understand that the above information is being collected to determine my/our eligibility for residency. I/We authorize the owner/manager to verify information provided on this application and my signature is our consent to obtain such verification. I/We certify that I/we have revealed all assets currently held or previously disposed of and that I/we have no other assets than those listed on this form (other than personal property). I/We further certify that the statements made in this application are true and complete to the best of my/our knowledge and belief and are aware that false statements are punishable under Federal law.**

**I/We understand that this application and all related inquiries will be used only for its relevance to screening and occupancy at this Property.**

**SIGNATURE OF ALL PARTIES TO THIS APPLICATION, 18 YEARS OR OLDER:**

\_\_\_\_\_  
Applicant Signature (HEAD) Date

\_\_\_\_\_  
Applicant Printed Name (HEAD)

\_\_\_\_\_  
Applicant Signature Date

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

\_\_\_\_\_  
Applicant Signature Date

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