

Date received: \_\_\_\_\_  
Time received: \_\_\_\_\_  
Owner Representative Initials: \_\_\_\_\_

## RENTAL HOUSING APPLICATION

(Please Print)

NAME OF APPLICANT: \_\_\_\_\_

NAME OF CO-APPLICANT: (if applicable) \_\_\_\_\_

\_\_\_\_ NEW APPLICATION

\_\_\_\_ HOUSEHOLD ADDITION

A) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

B) Address: \_\_\_\_\_  
(Street) (City) (State) (ZIP Code)

C) Marital Status: Divorced / Widowed / Married / Single (Never Married) / Separated

### HOUSEHOLD COMPOSITION:

List all persons that will be occupying the unit. However, only list a child (under age 18) if they will live in the unit at least 50% of the time.

Full Name	Relationship to Head of Household	Birth Date	Social Security Number	Employed	Student
			- -	Y / N	Y / N
			- -	Y / N	Y / N
			- -	Y / N	Y / N
			- -	Y / N	Y / N
			- -	Y / N	Y / N
			- -	Y / N	Y / N
			- -	Y / N	Y / N
			- -	Y / N	Y / N

A) yes, no Does anyone not listed in the household composition chart above plan to live with you in the next 12 months?  
If yes, explain \_\_\_\_\_

B) yes, no Are there any absent household members who under normal conditions would live with you?  
If yes, explain \_\_\_\_\_

### RENTAL HISTORY

Use additional sheets if necessary

A) Present Landlord Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Landlord Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ ZIP: \_\_\_\_\_

Dates of Occupancy: \_\_\_\_\_ to \_\_\_\_\_

B) Previous Address: \_\_\_\_\_

Previous Landlord Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Landlord Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ ZIP: \_\_\_\_\_

Dates of Occupancy: \_\_\_\_\_ to \_\_\_\_\_

C) Previous Address: \_\_\_\_\_

Previous Landlord Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Landlord Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ ZIP: \_\_\_\_\_

Dates of Occupancy: \_\_\_\_\_ to \_\_\_\_\_

### GENERAL QUESTIONS

- 1)      yes,      no      Have you or any household member ever been convicted of a felony?
- 2)      yes,      no      Have you ever been evicted? Reason: \_\_\_\_\_
- 3)      yes,      no      Does your household have or anticipate having any pets other than those used as a service animal?
- 4)      yes,      no      Has your household ever received rental assistance through the Section 8 Housing Choice Voucher program?  
(If yes list public housing agency name)
- 5)      yes,      no      Has your household ever lived in HUD subsidized housing (e.g., Section 8 Project Based Rental Assistance, Public Housing, etc.)?  
(If yes list project name and location)

### EMERGENCY CONTACT NUMBER

In case of emergency, notify: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Applicant certifies the above information is true and accurate and understands that false or inaccurate information shall be cause for denial of this application or termination of any subsequent rental agreements. I/We are the only person(s) who will reside in the apartment if this application is approved. Apartment owner or agents may verify all information given directly or through reporting agencies. Acceptance of the application is not binding on apartment owner or agent until approved in writing.

You have applied to live in an apartment that is governed by federal affordable housing program regulations. These Programs require us to certify all your income, asset, and eligibility information, including student status if applicable, as part of determining your household's eligibility. Program requirements state we must verify each income and asset source as well as other claims of eligibility. We must determine this prior to granting your eligibility and, if such eligibility is granted, each subsequent year you remain in the unit.

The undersigned is the person(s) named above and hereby authorizes the owner representative/ property management to conduct a background check based on their tenant selection plan, which may include criminal background, credit check, etc. I authorize all applicable companies and agencies to release such information and release them from any liability and responsibility from doing so.

Head Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-head Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

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

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



**We encourage and support the nation's affirmative housing program in which there are no barriers to obtaining housing because of race, color, religion, sex, national origin, handicap, or familial status.**

