

RENTAL APPLICATION

The information collected below will be used to determine whether you qualify as a tenant. It will not be disclosed without your consent except to your employer's for verification of income and employment and to financial institutions for verification of assets, and as required and permitted by law. You do not have to provide the information, but if you do not your application may be delayed or denied.

1. Applicants Name		Social Security No.		Home phone ()
2. Present Street Address	City	State	Zip Code	# of Years at Present Address
3. Former Street Address (If at address for less than 2 yrs.)	City	State	Zip Code	# of Years at Former Address

4. Names of other persons in household

5. Name and address of employer	Type of Business	Self Employed? __ yes __ no
Business phone number ()	Position/Title	No. of Yrs on Job
6. Name and address of previous employer (If employed at present position less than 2 yrs)	No. of Yrs with Previous Employer	Business phone ()

1. Co-Applicants Name		Social Security No.		Home phone ()
2. Present Street Address	City	State	Zip Code	# of Years at Present Address
3. Former Street Address (If at address for less than 2 yrs.)	City	State	Zip Code	# of Years at Former Address
4. Name and address of employer		Type of Business		Self Employed? __ yes __ no
Business phone number ()		Position/Title		No. of Yrs on Job
5. Name and address of previous employer (If employed at present position less than 2 yrs)		No. of Yrs with Previous Employer		Business phone ()

Will anyone in the household require a live-in care attendant? Yes or No

If yes, please explain _____

ANNUAL INCOME

Source	Applicant	Co-Applicant	Other Household Members 18 or Older	Total
Wage or salary				
Overtime Pay				
Commissions				
Fees, tips, or bonuses				
Alimony, Child Support				
Public Asst. (TANF)				
Net Income from Business				
Net Rental Income				
Unemployment Benefits				
Workers Compensation				
Social Security, Pensions, Retirement Funds, Death Benefits, Disability etc., received periodically				
Other income				
TOTAL:				

Assets	Cash Value	Income from Assets	Bank Name	Account Number
Cash on Hand	\$	NA	NA	NA
Checking Account	\$	\$		
Savings Account	\$	\$		
CD's, Money Mkt	\$	\$		
401K, Pensions	\$	\$		
Stocks, Bonds, Trust Funds	\$	\$		
Real Estate	\$	NA	NA	NA
Other	\$	\$		

Have you disposed of any assets for less than fair market value in the past 2 years? YES or NO

Household Composition

List the head of your household and all members who live in your home. Give the relationship of each family member to the head.

Member No.	Full Name	Relationship	Date Of Birth	Social Sec. #	Full-Time Student (Yes or No)
H.O.H.					
2					
3					
4					
5					
6					
7					
8					

Does anyone live with you now who is not listed above? ☐ Yes ☐ No

Does anyone plan to live with you in the future who not listed above? ☐ Yes ☐ No

If either answer above is yes, please explain:

Have any of your household members ever been convicted of a felony? ☐ Yes ☐ No

If the above answer is yes, please answer the following:

Date of conviction? _____

Type of charge? _____

Are all household members full-time students? ☐ Yes ☐ No

If the above answer is yes, does the household qualify for one of the following exceptions:

- _____ 1. The household members are married and filing a joint tax return.
- _____ 2. The household consists of single parent(s) with minor child(ren) and neither the parent(s) nor the child(ren) is the dependent of another party.
- _____ 3. At least one member of the household receives assistance under Title IV of the Social Security Act (i.e., TANF assistance)
- _____ 4. At least one member of the household is enrolled in a job training program receiving assistance under the Job Training Partnership Act (Workforce Investment Act), or similar state, or local laws.

Are any of the students receiving *financial assistance? ☐ Yes ☐ No

*student loans are not considered financial assistance

If the above answer is yes, please list the following:

Source of assistance? _____

Amount and frequency of assistance? \$_____ per _____

Amount of above assistance remaining after tuition is paid? \$_____

Is the person receiving assistance age 24 with dependant child(ren)? YES or NO

Emergency Contact Person	Phone Number

Vehicle(s) Year, Make, and Model	Color	Vehicle(s) Tag #(s)

The information provided on Pages 1 through 3 are true and complete to the best of my knowledge and belief. I/We consent to the disclosure of income and financial information from my/our employer and financial references for purposes of income and asset verification related to my/our application for tenancy.

Applicant

Date

Co-Applicant

Date