



**HANDICAPPED ACCESSIBLE
EQUAL HOUSING OPPORTUNITY**



RENTAL APPLICATION FORM

Date/Time: _____
Initials: _____

The following information is confidential and will not be disclosed without your consent.

Applicant's Name			Social Security No.	Home Phone ()
Present Street Address	City	State	Zip Code	No. Yrs at Present Address
Former Street Address (if at present address for less than 2 yrs.)	City	State	Zip Code	No. Yrs. at Former Address
Please list all STATES in which any household member has resided throughout his/her lifetime: _____				
Current Housing Status: Provide the name, address, and phone number of all your landlords for the past 3 years.				
Current Landlord: _____ Phone: _____				
Address: _____				
Previous Landlord: _____ Phone: _____				
Address: _____				
Previous Landlord: _____ Phone: _____				
Address: _____				
Name and Address of Employer			Type of Business	Self Employed? Yes No
Business Phone Number ()	Position/Title		No. Yrs. on Job	Yrs in this line of work
Name and Address of Previous Employer (if employed at present position less than 2 yrs.)			No. of Yrs. with Previous Employer	Business Phone ()
Co-Applicant's Name			Social Security No.	Home Phone ()
Present Street Address	City	State	Zip Code	No. Yrs at Present Address
Former Street Address (if at present address for less than 2 yrs.)	City	State	Zip Code	No. Yrs at Former Address
Name and Address of Employer			Type of Business	Self-employed? Yes No
Business Phone Number ()	Position/Title		No. Yrs. on Job	Yrs. in this line of work
Name and Address of Previous Employer (if employed at present position less than 2 yrs.)			No. of Yrs. with Previous Employer	Business Phone ()

ANNUAL INCOME

SOURCE	APPLICANT	CO-APPLICANT	OTHER HOUSEHOLD MEMBER 18+	TOTAL
Gross Salary				
Overtime Pay				
Commissions/Fees/Tips/ Bonuses				
Unemployment Benefits				
Workers Compensation, etc.				
Social Security, Pensions, Retirement Funds, etc, received periodically				
TANF Payments				
Alimony, Child Support				
Interest and /or Dividends				
Net Income from Business				
Net Rental Income				
Other				

			Total:	
--	--	--	---------------	--

ASSETS	CASH VALUE	INCOME FROM ASSETS	NAME OF FINANCIAL INSTITUTION	ACCOUNT NUMBER

Total:	\$	\$		
---------------	-----------	-----------	--	--

I _____ have _____ have not disposed of any asset(s) valued at \$1,000 or more in the past two years for less than the fair market value of the item. If yes, please list the asset value under the "other" column in the above listing of assets.

Are all household members full-time students? Yes ____ 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	BIRTHDATE M/D/Y	SOCIAL SECURITY NO.
Head of Household				
2				
3				
4				
5				
6				
7				
I am applying for the \$400 for the disability/handicap annual income adjustment _____. If yes, you will need to bring in proof that you are disabled (Note from your doctor).				
I will _____ will not _____ need reasonable accommodations for my disability/handicap.				
Are there any special housing needs or reasonable accommodations that the household will require? Yes No If yes, please explain _____ _____				
VETERAN (or spouse of deceased veteran)? Yes _____ No _____ If "Yes", form DD-214 must be attached for determination of eligibility for admission preference				
Have you or any member of the household ever been convicted of a felony? Yes No If yes explain: _____ _____				
Are any members of the household subject to a lifetime sex offender registration requirement in any state? Yes _____ No _____				

The information provided above is true and complete to the best of my/our 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 as well as credit and criminal background checks.

Applicant Date

Co-Applicant Date

ALL ADULT HOUSEHOLD MEMBERS MUST SIGN

If a portion or all of the application is completed by someone other than the applicant, the following statement must be completed.

I/We have completed all or part of this application at the request of the applicant(s):

Signature Date

Signature Date