

# RENTAL APPLICATION

## FOR OFFICE USE ONLY

PROPERTY NAME: \_\_\_\_\_ DATE OF APPLICATION: \_\_\_\_\_

APPLICANT'S LAST NAME: \_\_\_\_\_ UNIT SIZE: \_\_\_\_\_ MANAGER INITIALS \_\_\_\_\_

Bedrooms:  Efficiency  1Br.  2 Br.  3 Br.  4Br.

### HOUSEHOLD COMPOSITION:

|      | LIST ALL PEOPLE TO OCCUPY UNIT |       |    | SS# | DATE OF BIRTH | RELATIONSHIP | FULL-TIME STUDENT?<br>INCLUDING GRADE SCHOOL (Y/N) |
|------|--------------------------------|-------|----|-----|---------------|--------------|--|
|      | LAST NAME                      | FIRST | MI |     |               |              |  |
| Head |                                |       |    |     |               |              |  |
| 2    |                                |       |    |     |               |              |  |
| 3    |                                |       |    |     |               |              |  |
| 4    |                                |       |    |     |               |              |  |
| 5    |                                |       |    |     |               |              |  |

|  |                    |
|--|--------------------|
| PRESENT ADDRESS: _____                 | PHONE: _____       |
| LANDLORD'S NAME: _____                 | PHONE: _____       |
| HOW LONG AT PRESENT ADDRESS? _____     | OWN OR RENT? _____ |
| AMOUNT OF MONTHLY RENT/MORTGAGE: _____ | UTILITIES: _____   |
| REASON FOR MOVING: _____               |                    |
|  |                    |
| PREVIOUS ADDRESS: _____                | PHONE: _____       |
| LANDLORD'S NAME: _____                 | PHONE: _____       |
| HOW LONG AT PREVIOUS ADDRESS? _____    | OWN OR RENT? _____ |
| AMOUNT OF MONTHLY RENT/MORTGAGE: _____ | UTILITIES: _____   |
| REASON FOR MOVING: _____               |                    |

### GENERAL INFORMATION

HAVE YOU EVER BEEN EVICTED? YES \_\_\_ No \_\_\_

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES \_\_\_ No \_\_\_

WOULD YOU OR ANY MEMBERS OF YOUR HOUSEHOLD BENEFIT FROM A HANDICAPPED-ACCESSIBLE UNIT?

YES \_\_\_ NO \_\_\_ IF SO, EXPLAIN: \_\_\_\_\_

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**ALL SOURCES OF INCOME MUST BE REPORTED. PLEASE ANSWER YES OR NO FOR EACH HOUSEHOLD MEMBER.**

| INCOME                                    | APPLICANT |    | CO-APPLICANT |    | OTHER APPLICANT |    |
|---|-----------|----|--------------|----|-----------------|----|
|   | YES       | NO | YES          | NO | YES             | NO |
| Salary/Wages                              |           |    |              |    |                 |    |
| Overtime                                  |           |    |              |    |                 |    |
| Commission/Tips/Bonuses                   |           |    |              |    |                 |    |
| Business/Self Employment                  |           |    |              |    |                 |    |
| Social Security                           |           |    |              |    |                 |    |
| Pension                                   |           |    |              |    |                 |    |
| Disability/Death Benefits                 |           |    |              |    |                 |    |
| Unemployment                              |           |    |              |    |                 |    |
| Disability Compensation                   |           |    |              |    |                 |    |
| Worker's Compensation                     |           |    |              |    |                 |    |
| Severance Pay                             |           |    |              |    |                 |    |
| Public Assistance                         |           |    |              |    |                 |    |
| Alimony                                   |           |    |              |    |                 |    |
| Child Support                             |           |    |              |    |                 |    |
| Recurring Monetary and Non-Monetary Gifts |           |    |              |    |                 |    |
| Armed Forces Special Pay/Allowances       |           |    |              |    |                 |    |
| Other:                                    |           |    |              |    |                 |    |

**PLEASE LIST ALL AMOUNTS OF INCOME CHECKED YES ABOVE. Show MONTHLY income:**

| HOUSEHOLD | SALARY/WAGES | PUBLIC ASSISTANCE | SOCIAL SECURITY | PENSION | CHILD SUPPORT | OTHER | TOTAL |
|-----------|--------------|-------------------|-----------------|---------|---------------|-------|-------|
| Head      | \$           | \$                | \$              | \$      | \$            | \$    | \$    |
| 2         | \$           | \$                | \$              | \$      | \$            | \$    | \$    |
| 3         | \$           | \$                | \$              | \$      | \$            | \$    | \$    |
| 4         | \$           | \$                | \$              | \$      | \$            | \$    | \$    |
| 5         | \$           | \$                | \$              | \$      | \$            | \$    | \$    |
| Total     | \$           | \$                | \$              | \$      | \$            | \$    | \$    |

**ALL SOURCES OF ASSETS MUST BE REPORTED. PLEASE ANSWER YES OR NO FOR EACH HOUSEHOLD MEMBER.**

| ASSETS                             | APPLICANT |    | CO-APPLICANT |    | OTHER APPLICANT |    |
|------------------------------------|-----------|----|--------------|----|-----------------|----|
|                                    | YES       | NO | YES          | NO | YES             | NO |
| Checking Account                   |           |    |              |    |                 |    |
| Savings Account                    |           |    |              |    |                 |    |
| Trust Fund                         |           |    |              |    |                 |    |
| Real Estate (land, home, property) |           |    |              |    |                 |    |
| Stocks/ Bonds                      |           |    |              |    |                 |    |
| Treasury Bill                      |           |    |              |    |                 |    |
| Certificate of Deposit             |           |    |              |    |                 |    |
| Money Market Fund                  |           |    |              |    |                 |    |
| Retirement Account                 |           |    |              |    |                 |    |
| Annuity                            |           |    |              |    |                 |    |
| Whole Life Insurance Policy        |           |    |              |    |                 |    |
| Other:                             |           |    |              |    |                 |    |

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**PLEASE PROVIDE INFORMATION FOR ALL ASSETS CHECKED YES ABOVE.**

| BANK ACCOUNTS:            |                     |                     |                 |
|---------------------------|---------------------|---------------------|-----------------|
| HOUSEHOLD MEMBER'S NAME   | NAME OF BANK        | ACCOUNT NUMBER      | ACCOUNT BALANCE |
|                           |                     |                     |                 |
|                           |                     |                     |                 |
|                           |                     |                     |                 |
|                           |                     |                     |                 |
|                           |                     |                     |                 |
|                           |                     |                     |                 |
| REAL ESTATE/OTHER ASSETS: |                     |                     |                 |
| HOUSEHOLD MEMBER'S NAME   | TYPE OF REAL ESTATE | MORTGAGE OR BALANCE | APPRAISED VALUE |
|                           |                     |                     |                 |
|                           |                     |                     |                 |
|                           |                     |                     |                 |

Have you disposed of any other assets in the last 2 years? Yes  No  Market value when sold \$ \_\_\_\_\_  
 If yes, please describe asset(s): \_\_\_\_\_

Do you have any other assets not listed above (excluding personal property)? Yes  No   
 If yes, describe \_\_\_\_\_

**VEHICLE INFORMATION:** List any cars, trucks or other vehicles owned.

Type of Vehicle \_\_\_\_\_ Year/Make \_\_\_\_\_ Color \_\_\_\_\_  
 License Plate # \_\_\_\_\_

Type of Vehicle \_\_\_\_\_ Year/Make \_\_\_\_\_ Color \_\_\_\_\_  
 License Plate # \_\_\_\_\_

**THIS APPLICATION MUST BE SIGNED BY ALL MEMBERS OF THE HOUSEHOLD 18 YEARS OF AGE AND OLDER.**

BY SIGNING BELOW APPLICANT AUTHORIZES MANAGEMENT AND ITS STAFF TO CONTACT ANY AGENCIES, LOCAL POLICE DEPARTMENTS, CREDIT BUREAUS, REFERENCES AND GROUPS OR ORGANIZATIONS TO OBTAIN ANY INFORMATION OR MATERIALS, WHICH ARE DEEMED NECESSARY TO COMPLETE THIS APPLICATION.

APPLICANT CERTIFIES THAT ALL INFORMATION IN THIS APPLICATION IS TRUE AND CORRECT AND UNDERSTANDS THAT FALSE STATEMENTS OR INFORMATION ARE PUNISHABLE BY LAW AND WILL LEAD TO CANCELLATION OF THIS APPLICATION OR TERMINATION OF TENANCY AFTER OCCUPANCY.

SIGNATURE: \_\_\_\_\_ (APPLICANT)                      DATE: \_\_\_\_\_  
 SIGNATURE: \_\_\_\_\_ (CO-APPLICANT)              DATE: \_\_\_\_\_  
 SIGNATURE: \_\_\_\_\_ (CO-APPLICANT)              DATE: \_\_\_\_\_

