

RENTAL APPLICATION

Property Name: _____

Date: _____ Time: _____

I. APPLICANT INFORMATION	
Street Address: <input type="checkbox"/> Rent <input type="checkbox"/> Own	From: _____ To: _____
City/State/Zip:	County:
Previous Address: <input type="checkbox"/> Rent <input type="checkbox"/> Own	From: _____ To: _____
City/State/Zip:	County:
Email Address:	Home Phone: () Mobile Phone: ()
Emergency Contact Name:	Phone: ()

II. VEHICLE INFORMATION
Vehicle Make:
Vehicle Model:
Vehicle License Plate State and Number:
Driver's License or ID Number:

III. HOUSEHOLD MEMBERS – List all members who will be living in the household							
Full Name (exactly as on driver's license or other govt. document)	Relationship to Head of HH	Date of Birth	Student Status F/T=Full Time P/T=Part Time	Social Security No./ Alien Registration No.	*Race **Ethnicity Use codes below	Disabled Y/N	M/F
1	Head of Household		<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A				
2	<input type="checkbox"/> Co-Head <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Other Adult		<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A				
3	<input type="checkbox"/> Co-Head <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Other Adult		<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A				
4	<input type="checkbox"/> Co-Head <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Other Adult		<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A				
5	<input type="checkbox"/> Co-Head <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Other Adult		<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A				
6	<input type="checkbox"/> Co-Head <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Other Adult		<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A				
7	<input type="checkbox"/> Co-Head <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Other Adult		<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A				
8	<input type="checkbox"/> Co-Head <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Other Adult		<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A				

Race and Ethnicity	
<p>*Race: Enter each household member's race by using one of the following coded definitions</p> <p>1 – White 2 - Black/African American. 3 -American Indian/Alaska Native 4 -Asian 5 - Native Hawaiian/ Hawaiian/Another Pacific Islander</p>	<p>**Ethnicity: Enter each household member's ethnicity by using one of the following coded definitions:</p> <p>1 – Hispanic or Latino 2 – Not Hispanic or Latino</p>

IV. HOUSEHOLD MEMBERS INFORMATION

Do you have full custody of all the children listed? YES NO
If no, please list name(s).

Are any household members foster children or adults? YES NO
If yes, please list name(s).

Are there any household members temporarily absent from the household? YES NO
If yes, please list name(s).

Do you expect any changes in the household members in the next 12 months? YES NO
If yes, please explain.

Are any household members a full-time student, been a full-time student for five months of the calendar year, or plan to be a full-time student in the next 12 months? YES NO
If yes, please list name(s).

Marital Status – Select one

Married Never Married Separated Divorced Widowed

If Divorced, how many times: _____

Are any household members eligible for rental assistance? YES NO
If yes, give name of agency.

Are there any household members that have filed for bankruptcy? YES NO
If yes, list the discharge date: _____

Are there any household members that have been evicted from a rental property? YES NO
If yes, give name of property and reason for eviction: _____

Are there any household members that have been convicted of a felony? YES NO
If yes, give the date and the charge: _____

Do you have any pets? Yes No If Yes, what Type: _____ Breed: _____ Weight: _____
Is your animal considered a service/companion animal Yes No

V. JOB EMPLOYMENT CONTACT INFORMATION – APPLICANT

Household Member's Name		Occupation		Work Phone	
Name of Employer		Contact		Contact Email	
Street Address of Employer		City		State	Zip Code
Date Hired	Salary: \$ _____ Hourly Pay Rate: \$ _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	# of hours worked per week	Last Date of Employment	

2nd JOB EMPLOYMENT CONTACT INFORMATION – APPLICANT

Household Member's Name		Occupation		Work Phone	
Name of Employer		Contact		Contact Email	
Street Address of Employer		City		State	Zip Code
Date Hired	Salary: \$ _____ Hourly Pay Rate: \$ _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	# of hours worked per week	Last Date of Employment	

PENALTIES FOR MISUSING THIS CONSENT: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. Section 408 (a) (6), (7) and (8).



VI. INCOME		
Identify income from any of the following sources, including periodic payments:	Member Name	Give the Weekly, Monthly or Annual Pay/Benefit
Unemployment <input type="checkbox"/> Yes <input type="checkbox"/> No		
Self-Employment <input type="checkbox"/> Yes <input type="checkbox"/> No		
Income from Military <input type="checkbox"/> Yes <input type="checkbox"/> No		
Public Assistance AFDC/TANF <input type="checkbox"/> Yes <input type="checkbox"/> No		
Court Ordered Child Support <input type="checkbox"/> Yes <input type="checkbox"/> No		
Non-Court Ordered Child Support <input type="checkbox"/> Yes <input type="checkbox"/> No		
Alimony <input type="checkbox"/> Yes <input type="checkbox"/> No		
Social Security <input type="checkbox"/> Yes <input type="checkbox"/> No		
Supplemental Security Income (SSI) <input type="checkbox"/> Yes <input type="checkbox"/> No		
VA Benefits <input type="checkbox"/> Yes <input type="checkbox"/> No		
Pension/Retirement <input type="checkbox"/> Yes <input type="checkbox"/> No		
Monetary Gifts <input type="checkbox"/> Yes <input type="checkbox"/> No		
Insurance Settlements <input type="checkbox"/> Yes <input type="checkbox"/> No		
Retirement Funds <input type="checkbox"/> Yes <input type="checkbox"/> No		
Unemployment Benefits <input type="checkbox"/> Yes <input type="checkbox"/> No		
Alimony <input type="checkbox"/> Yes <input type="checkbox"/> No		
Claiming Zero Income <input type="checkbox"/> Yes <input type="checkbox"/> No		
Any other sources Explain: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Educational Scholarship/Grant <input type="checkbox"/> Yes <input type="checkbox"/> No		
Worker's Compensation (if received 12 months or more) <input type="checkbox"/> Yes <input type="checkbox"/> No		

VII. HOUSEHOLD ASSET INFORMATION
<p>1. Has any member given away any assets for less than fair market value within the last two years? (if a home was released due to foreclosure, bankruptcy or divorce, answer no) <input type="checkbox"/> NO <input type="checkbox"/> YES If yes, who? _____</p> <p>Provide explanation (including the type of asset, estimated value of asset, amount disposed for, and date of disposal): _____</p>
<p>2. Has anyone in the household owned a home in the last two years? <input type="checkbox"/> NO <input type="checkbox"/> YES If yes, who? _____ Do they currently own it? <input type="checkbox"/> NO <input type="checkbox"/> YES If No, when was it disposed of? _____</p> <p>If Yes, Is it being rented? <input type="checkbox"/> NO <input type="checkbox"/> YES</p> <p>Is it sitting vacant? <input type="checkbox"/> NO <input type="checkbox"/> YES</p> <p>Is it in the process of being sold? <input type="checkbox"/> NO <input type="checkbox"/> YES</p>

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VIII. HOUSEHOLD ASSETS				
Identify All Asset Sources	Cash Value	Asset Income (Interest/Dividends)	Member Name	Name of Financial Institution
Checking Account #1 <input type="checkbox"/> Yes <input type="checkbox"/> No				
Checking Account #2 <input type="checkbox"/> Yes <input type="checkbox"/> No				
Savings Account #1 <input type="checkbox"/> Yes <input type="checkbox"/> No				
Savings Account #2 <input type="checkbox"/> Yes <input type="checkbox"/> No				
Pre-Paid Debit Cards <input type="checkbox"/> Yes <input type="checkbox"/> No				
CD or Money Market <input type="checkbox"/> Yes <input type="checkbox"/> No				
Real Estate or Home (Including Land) <input type="checkbox"/> Yes <input type="checkbox"/> No				
Trust Fund(s) <input type="checkbox"/> Yes <input type="checkbox"/> No				
Stocks, Bonds, Mutual Funds <input type="checkbox"/> Yes <input type="checkbox"/> No				
Universal or Whole Life Insurance Cash Value* <input type="checkbox"/> Yes <input type="checkbox"/> No				
Safety Deposit Box <input type="checkbox"/> Yes <input type="checkbox"/> No				
PayPal, Cash App and Venmo, Apple Pay, etc. <input type="checkbox"/> Yes <input type="checkbox"/> No				
Non-Necessary Personal Property: Such as campers, motorhomes, travel trailers, all-terrain vehicles (if not for day-to-day transportation), recreational boats, expensive jewelry without religious or cultural value, collectibles, equipment not generating business income and luxury items. <input type="checkbox"/> Yes <input type="checkbox"/> No				
Cash on Hand <input type="checkbox"/> Yes <input type="checkbox"/> No				
Other: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No				

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Applicant represents that all the information and statements provided are true and complete. By execution of the application, I hereby authorize _____ or its' agent to make such investigations into my credit, employment, and criminal history as they may deem appropriate, and release all parties, from all liability for any damage that may result from their furnishing information. The applicant agrees and provides this information with the understanding that the lessor may, at its' option, report said information to established reporting agencies. The applicant hereby releases the lessor from any liability therefrom. This application is preliminary only and does not obligate the owner or owner's agent to execute a lease. The applicant hereby waives any claim to damages by reason on non-acceptance.

FALSE INFORMATION GIVEN ON THIS AGREEMENT OR RENTAL APPLICATION SHALL BE GROUNDS FOR REJECTION OF APPLICATION, NON-RETURN OF ALL PAYMENTS, AND TERMINATION OF RIGHT OF OCCUPANCY AND LEASE AGREEMENT, AND IT MAY CONSTITUTE A CRIMINAL OFFENCE. I HAVE READ AND UNDERSTAND THE CRITERIA FROM WHICH MY APPLICATION WILL BE APPROVED.

XI. APPLICANT CERTIFICATION		
<p>RELEASE: My/Our signature here or on the attached "Release and Consent Form" authorizes the release and/or verification of my/our employment information.</p>		
_____	_____	_____
Applicant/Resident Printed Name	Signature	Date
_____	_____	_____
Co-Applicant/Resident Printed Name	Signature	Date
_____	_____	_____
Adult Member Printed Name	Signature	Date
_____	_____	_____
Adult Member Printed Name	Signature	Date

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