

# RENTAL APPLICATION

Name of Property \_\_\_\_\_

Date \_\_\_\_\_

**How did you hear about us? (Select One)** \_\_\_ Agency \_\_\_ Apartment Guide \_\_\_ Bus/Billboard \_\_\_ Church \_\_\_ Direct Mail \_\_\_ Drive By  
\_\_\_ Employee \_\_\_ Friend/Relative/Resident \_\_\_ Housing Authority \_\_\_ Newspaper \_\_\_ Website \_\_\_ Word of Mouth \_\_\_ Other

**What attracted you to this property? (Select One)**  
\_\_\_ Appearance/Design \_\_\_ Availability \_\_\_ Close to Good School \_\_\_ Close to Public Transit \_\_\_ Close to Work  
\_\_\_ Employee Referral \_\_\_ Neighborhood \_\_\_ Price \_\_\_ Project Amenities \_\_\_ Resident Referral \_\_\_ Other

Apartment size desired- Number of Bedrooms: \_\_\_\_\_

**PLEASE PRINT AND ANSWER ALL QUESTIONS. DO NOT leave any space blank, write "NO or NONE" where appropriate**

**1. APPLICANT INFORMATION and RESIDENCE HISTORY**

Name of Head of Household (Head):		Spouse's Name (if living with the household):	
E-mail address (Head)		E-mail address (Spouse)	
Home Phone #:	Cell #:	Home Phone #:	Cell #:

Reason for Leaving Current Address:  Location (1)  Price (2)  Excessive Cost of Utilities (3)  Appearance/Design/Quality (4)  Management (5)  
 Increase in Income (6)  Decrease in Income (7)  Change in Household Composition (8)  Undesirable Neighborhood (9)

Please show at least 2 years of residence history, including any owned by applicants

Current Address	Do you own this residence (yes or no)?	Rent/Mrtg Pmt		Utilities/MO	Move-In Date
Landlord Name and Address (if rented):					Landlord Phone:
Previous Address	Did you own this residence (yes or no)?	Rent/Mrtg Pmt	Utilities/MO	Move-In Date	Move-Out Date:
Landlord Name and Address (if rented):					Landlord Phone:
Reason for Leaving (use code above):					
Previous Address	Did you own this residence (yes or no)?	Rent/Mrtg Pmt	Utilities/MO	Move-In Date	Move-Out Date:
Landlord Name and Address (if rented):					Landlord Phone:
Reason for Leaving (use code above):					

Applicant Name \_\_\_\_\_



**2. HOUSEHOLD COMPOSITION: PLEASE PRINT**

List all persons who will be residing in this household, even those completing their own application

Member #	Name(s)	Relation to Head	Gender	Date of Birth MM/DD/YY	SSN	Lives in Household 100% (Y/N)	Percentage of Time
1		Head					
2							
3							
4							
5							
6							

Anticipated changes in household size? (Y/N) \_\_\_\_ If yes, please explain \_\_\_\_\_

Have you ever used another name? (Y/N) \_\_\_\_ If so, please indicate name \_\_\_\_\_

Is any member subject to a Lifetime Sex Offender registration in any state? (Y/N) \_\_\_\_ State(s) \_\_\_\_\_

**3. EDUCATION INFORMATION: PLEASE PRINT**

LIST ALL HOUSEHOLD MEMBERS. **Keep the 'Member #' the same as listed above.** *The use of N/A is not acceptable*

Member #	Currently a Student? Y/N	Last Year of School Attendance	Last Grade Level Completed	Rec'd Diploma/Degree Y/N	Name of School	Type of School (pre-K, elementary, trade school, college, etc.)
1						
2						
3						
4						
5						
6						

Anticipated change in number of students? (Y/N) \_\_\_\_ If yes, please explain \_\_\_\_\_

**4. VEHICLES (including company cars, motorcycles, etc.)**

Member #	Driver's License Number	State	Model	Year	Color	License Place Number	State	Monthly Payment

Applicant Name \_\_\_\_\_



**5. ANTICIPATED INCOME:** ALL PRESENT EMPLOYMENT AND OTHER INCOME RECEIVED BY YOU AND/OR MINOR CHILDREN OF WHICH YOU HAVE DIRECT CUSTODY OR CARE MUST BE LISTED HERE

- **If Employment:** Name of Employer
- **If no employment:** Name of source, AFDC, alimony, child support, employment, general assistance, pension, social security, TANF, unemployment, etc.

<b>Member #</b>	<b>Source/Name</b>	Occupation if employed (see code):	Income Start Date: _____	# of Hours worked per week:
			Income from this source \$ _____/mo	
	Address:		Contact Phone Number	
	Contact Name:		Contact Fax Number	
<b>Member #</b>	<b>Source/Name</b>	Occupation if employed (see code):	Income Start Date: _____	# of Hours worked per week:
			Income from this source \$ _____/mo	
	Address:		Contact Phone Number	
	Contact Name:		Contact Fax Number	
<b>Member #</b>	<b>Source/Name</b>	Occupation if employed (see code):	Income Start Date: _____	# of Hours worked per week:
			Income from this source \$ _____/mo	
	Address:		Contact Phone Number	
	Contact Name:		Contact Fax Number	

**6. ASSETS:** List all assets owned by the adult(s) completing this application (and/or their minor children). Do not include personal property (cars, jewelry, etc.).

Member #	Describe Type (checking, savings, CDs, cash, debit cards, stocks, bonds, real estate, retirement accts., etc.)	Value of Asset
	<input type="checkbox"/> Checking <input type="checkbox"/> Debit Card <input type="checkbox"/> Savings <input type="checkbox"/> Retirement Acct <input type="checkbox"/> None <input type="checkbox"/> Other (describe)	\$ _____
	<input type="checkbox"/> Checking <input type="checkbox"/> Debit Card <input type="checkbox"/> Savings <input type="checkbox"/> Retirement Acct <input type="checkbox"/> None <input type="checkbox"/> Other (describe)	\$ _____
	<input type="checkbox"/> Checking <input type="checkbox"/> Debit Card <input type="checkbox"/> Savings <input type="checkbox"/> Retirement Acct <input type="checkbox"/> None <input type="checkbox"/> Other (describe)	\$ _____
	<input type="checkbox"/> Checking <input type="checkbox"/> Debit Card <input type="checkbox"/> Savings <input type="checkbox"/> Retirement Acct <input type="checkbox"/> None <input type="checkbox"/> Other (describe)	\$ _____

Are the total household assets and bank account balances equal to or greater than \$5,000? (Y/N) \_\_\_\_\_

Have you disposed of any assets (e.g. real estate, cash, stock, etc.) in the past two years? (Y/N) \_\_\_\_\_

If yes, please describe \_\_\_\_\_

**7. SPECIAL NEEDS:** Does anyone in your household have special needs? (Y/N) \_\_\_\_\_ Special living accommodations required? (Y/N) \_\_\_\_\_

Please explain (attach additional pages as needed): \_\_\_\_\_

**8. PETS:** Do you have any pets? (Y/N) \_\_\_\_\_ How Many? \_\_\_\_\_ Type \_\_\_\_\_ Weight \_\_\_\_\_

Applicant Name \_\_\_\_\_





# DEMOGRAPHIC SELECTION

## Highest Grade Completed Selection

Didn't complete High School  
High School  
GED  
Some College  
2 Year College Degree  
4 Year College Degree  
vocation Certificate  
Not Given

## Type of School Selection

Headstart  
Daycare/Preschool  
Elementary  
Middle School/Jr. High  
Jr. College  
College/University  
Trade School  
Job Corp  
Home Schooling  
Graduate School

## Health Insurance Services

Employer  
MC+  
Medicaid  
Medicare  
Medicare Advantage  
None  
Other  
VA

## Occupation Selection

### Code

A-1 Architecture/Engineering  
A-2 Arts/Design/Entertainment/Sports/Media  
B-1 Building & Grounds Cleaning & Maint.  
B-2 Business/Financial Operations  
C-1 Community and Social Services  
C-2 Computer/Mathematical  
C-3 Construction and Extraction  
E-1 Educations/Training/Library  
F-1 Farming/Fishing/Forestry  
H-1 Healthcare Practioners  
H-2 Healthcare Support  
I-1 Installation/Maintenance/Repair  
L-1 Legal  
L-2 Life, Physical and Social Science  
M-1 Management  
M-2 Military Specific  
O-1 Office Clerical & Administrative Support  
P-1 Personal care and Service  
P-2 Production  
P-3 Protective Service/Police  
S-1 Sales/Retail  
T-1 Transportation/Material Moving

## Type of Other Income Selection

Alimony  
Co-Signers  
Family Support  
Gift Investment/Trust  
Other  
Student Loan

Applicant Name \_\_\_\_\_

