

RENTAL APPLICATION

Office Use Only:

Date Rec'd: _____ Time: _____ am/pm

By (initials): _____

Development Name: _____

Email: _____

Phone Number: _____

Address: _____

of Bedrooms Desired: ☐ Eff ☐ 1 Br ☐ 2 Br ☐ 3 Br ☐ 4 Br ☐ 5 Br

The following is to be completed in its entirety by household members ages 18 and older.
Please answer ALL questions. Do not leave any blank spaces. Write NONE or N/A where appropriate. Please print.

PART 1 – HEAD OF HOUSEHOLD DATA:

Head of Household Name:	Phone #:
Mailing Address:	
City/State/Zip:	Email:
Current Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed	
Have you ever used another name? ☐ Yes ☐ No If yes, please indicate name:	

☐ Spouse ☐ Co-Head ☐ Other Adult	
Name:	Phone #:
Mailing Address:	
City/State/Zip:	Email:
Current Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed	
Have you ever used another name? ☐ Yes ☐ No If yes, please indicate name:	

Directions to Member: Please complete the table below listing each member of the household, whether or not those members are related. Include all members who you anticipate will live with you at least 50% or more of the time during the next 12 months. (A full-time student is anyone who is enrolled for at least five calendar months for the number of hours or courses which are considered full-time attendance by that institution. The five months need not be consecutive).

PART 2 – HOUSEHOLD COMPOSITION:

	HOUSEHOLD MEMBER NAME(S)	RELATIONSHIP TO HEAD	DATE OF BIRTH	FULL TIME STUDENT (Y/N)	INCOME (Y/N)	SSN NUMBER
1.		Head				
2.						
3.						
4.						
5.						
6.						
7.						

Anticipated changes in household size within the next 12 months? ☐ Yes ☐ No If Yes, explain: _____

Are there any absent household members who normally reside in the household? ☐ Yes ☐ No If Yes, explain: _____

Anticipated change in number of students within the next 12 months? ☐ Yes ☐ No If Yes, explain: _____

PART 3 – HOUSEHOLD INFORMATION:

RENTAL HISTORY (must show most recent 2-year rental history)			
Household Member Name:			
	Current Residence	Previous Residence	Previous Residence
Street Address:			
City, State, Zip:			
Select One:	☐ Rent ☐ Own ☐ Other	☐ Rent ☐ Own ☐ Other	☐ Rent ☐ Own ☐ Other
If other, explain:			
Owner/Landlord Name:			
Owner/Landlord #			
Reason for Leaving			
Dates of Residency mm/yy	From: _____ To: _____	From: _____ To: _____	From: _____ To: _____

RENTAL HISTORY (must show most recent 2-year rental history)			
Household Member Name:			
	Current Residence	Previous Residence	Previous Residence
Street Address:			
City, State, Zip:			
Select One:	☐ Rent ☐ Own ☐ Other	☐ Rent ☐ Own ☐ Other	☐ Rent ☐ Own ☐ Other
If other, explain:			
Owner/Landlord Name:			
Owner/Landlord #			
Reason for Leaving			
Dates of Residency mm/yy	From: _____ To: _____	From: _____ To: _____	From: _____ To: _____

Have you or any member(s) of the household ever had your lease terminated or been evicted? ☐ Yes ☐ No

Are you or any member(s) of your household receiving rental assistance (voucher, public housing, etc.) ☐ Yes ☐ No

Are you or any member(s) of your household currently fleeing from an abusive situation? ☐ Yes ☐ No

Are there any animals in the household? ☐ Yes ☐ No

Would you or any member(s) of the household benefit from the features of an accessible unit? ☐ Yes ☐ No

Do you or any member(s) of the household require any accommodations and/or modifications to the unit for any disability? ☐ Yes ☐ No

If yes to any question(s) above, please explain: _____

EMERGENCY CONTACT INFORMATION		
Name:		
Relationship:	Phone #:	Email:

PART 4 – HOUSEHOLD ASSETS:

Do you or anyone in the household have any of the following assets? Please mark “yes” or “No” for each source of income.

	HEAD OF HOUSEHOLD		Co-HEAD		ADDITIONAL HOUSEHOLD MEMBERS	
Type of Asset	Check One	Cash Value	Check One	Cash Value	Check One	Cash Value
Cash on Hand	☐ Yes ☐ No	\$	☐ Yes ☐ No	\$	☐ Yes ☐ No	\$
Depository Debit Cards	☐ Yes ☐ No	\$	☐ Yes ☐ No	\$	☐ Yes ☐ No	\$
Checking Accounts	☐ Yes ☐ No	\$	☐ Yes ☐ No	\$	☐ Yes ☐ No	\$
Savings/Money Market Accounts	☐ Yes ☐ No	\$	☐ Yes ☐ No	\$	☐ Yes ☐ No	\$
Certificates of Deposits	☐ Yes ☐ No	\$	☐ Yes ☐ No	\$	☐ Yes ☐ No	\$
Stocks/Bonds	☐ Yes ☐ No	\$	☐ Yes ☐ No	\$	☐ Yes ☐ No	\$
Trust Funds (excluding irrevocable)	☐ Yes ☐ No	\$	☐ Yes ☐ No	\$	☐ Yes ☐ No	\$
Real Estate/Land	☐ Yes ☐ No	\$	☐ Yes ☐ No	\$	☐ Yes ☐ No	\$
Mortgage or Deed of Trust	☐ Yes ☐ No	\$	☐ Yes ☐ No	\$	☐ Yes ☐ No	\$
Cryptocurrency (Bitcoin, etc.)	☐ Yes ☐ No	\$	☐ Yes ☐ No	\$	☐ Yes ☐ No	\$
Life Insurance (excluding Term)	☐ Yes ☐ No	\$	☐ Yes ☐ No	\$	☐ Yes ☐ No	\$
GoFundMe/Crowdsourcing	☐ Yes ☐ No	\$	☐ Yes ☐ No	\$	☐ Yes ☐ No	\$
Mobile Payment Services (Venmo, CashApp, etc.)	☐ Yes ☐ No	\$	☐ Yes ☐ No	\$	☐ Yes ☐ No	\$
Personal Property (Held as an investment)	☐ Yes ☐ No	\$	☐ Yes ☐ No	\$	☐ Yes ☐ No	\$
Other Investments	☐ Yes ☐ No	\$	☐ Yes ☐ No	\$	☐ Yes ☐ No	\$
Have you received any lump sum payments such as the following:						
Inheritances	☐ Yes ☐ No	\$	☐ Yes ☐ No	\$	☐ Yes ☐ No	\$
Lottery or other Winnings	☐ Yes ☐ No	\$	☐ Yes ☐ No	\$	☐ Yes ☐ No	\$
Insurance Settlements	☐ Yes ☐ No	\$	☐ Yes ☐ No	\$	☐ Yes ☐ No	\$
Workers' Compensation Settlements	☐ Yes ☐ No	\$	☐ Yes ☐ No	\$	☐ Yes ☐ No	\$
Social Security Disability Settlements	☐ Yes ☐ No	\$	☐ Yes ☐ No	\$	☐ Yes ☐ No	\$
Unemployment Compensation Settlements	☐ Yes ☐ No	\$	☐ Yes ☐ No	\$	☐ Yes ☐ No	\$
VA Disability Settlements	☐ Yes ☐ No	\$	☐ Yes ☐ No	\$	☐ Yes ☐ No	\$
Severance Pay	☐ Yes ☐ No	\$	☐ Yes ☐ No	\$	☐ Yes ☐ No	\$
Capital Gains	☐ Yes ☐ No	\$	☐ Yes ☐ No	\$	☐ Yes ☐ No	\$
Other	☐ Yes ☐ No	\$	☐ Yes ☐ No	\$	☐ Yes ☐ No	\$

ASSET DETAILS (detail ALL assets for ALL household members marked yes above)

HOUSEHOLD MEMBER NAME	TYPE OF ASSET	BANK/FINANCIAL INSTITUTION NAME	# OF ACCOUNTS

I/We hereby certify that I/we ☐ HAVE ☐ HAVE NOT sold or given away assets for less than their fair market value within the last 2 years.
(Excluding items lost in bankruptcy, divorce, or foreclosure)

If Applicable: Identify all assets sold or disposed of for less than fair market value in the last two years.

HOUSEHOLD MEMBER NAME	ASSET DESCRIPTION	MARKET VALUE	DATE DISPOSED	AMOUNT RECEIVED

PART 5 – SOURCES OF INCOME:

Is income received from any of the following sources? Please mark “yes” or “No” for each source of income.

	HEAD OF HOUSEHOLD		Co-HEAD		ADDITIONAL HOUSEHOLD MEMBERS	
Type of Income	Check One	Monthly \$	Check One	Monthly \$	Check One	Monthly \$
Employment	☐ Yes ☐ No	\$	☐ Yes ☐ No	\$	☐ Yes ☐ No	\$
Self-Employment	☐ Yes ☐ No	\$	☐ Yes ☐ No	\$	☐ Yes ☐ No	\$
Gig Income (Ride Share, Food Delivery, etc.)	☐ Yes ☐ No	\$	☐ Yes ☐ No	\$	☐ Yes ☐ No	\$
Regularly Recurring gifts	☐ Yes ☐ No	\$	☐ Yes ☐ No	\$	☐ Yes ☐ No	\$
Social Security	☐ Yes ☐ No	\$	☐ Yes ☐ No	\$	☐ Yes ☐ No	\$
SSI (Supplemental Security Income)	☐ Yes ☐ No	\$	☐ Yes ☐ No	\$	☐ Yes ☐ No	\$
Retirement Income	☐ Yes ☐ No	\$	☐ Yes ☐ No	\$	☐ Yes ☐ No	\$
Pensions	☐ Yes ☐ No	\$	☐ Yes ☐ No	\$	☐ Yes ☐ No	\$
Disability or Death Benefits (not SSI)	☐ Yes ☐ No	\$	☐ Yes ☐ No	\$	☐ Yes ☐ No	\$
TANF or other Public Assistance	☐ Yes ☐ No	\$	☐ Yes ☐ No	\$	☐ Yes ☐ No	\$
Alimony	☐ Yes ☐ No	\$	☐ Yes ☐ No	\$	☐ Yes ☐ No	\$
Child Support	☐ Yes ☐ No	\$	☐ Yes ☐ No	\$	☐ Yes ☐ No	\$
Unemployment Compensation	☐ Yes ☐ No	\$	☐ Yes ☐ No	\$	☐ Yes ☐ No	\$
Workers' Compensation	☐ Yes ☐ No	\$	☐ Yes ☐ No	\$	☐ Yes ☐ No	\$
Income from Rental Property	☐ Yes ☐ No	\$	☐ Yes ☐ No	\$	☐ Yes ☐ No	\$
Military Pay, including all allowances	☐ Yes ☐ No	\$	☐ Yes ☐ No	\$	☐ Yes ☐ No	\$
Severance Pay	☐ Yes ☐ No	\$	☐ Yes ☐ No	\$	☐ Yes ☐ No	\$
Annuities Income	☐ Yes ☐ No	\$	☐ Yes ☐ No	\$	☐ Yes ☐ No	\$
Insurance Policies Income	☐ Yes ☐ No	\$	☐ Yes ☐ No	\$	☐ Yes ☐ No	\$
Scholarships/Grants/Work Study	☐ Yes ☐ No	\$	☐ Yes ☐ No	\$	☐ Yes ☐ No	\$
Long Term Care Payments	☐ Yes ☐ No	\$	☐ Yes ☐ No	\$	☐ Yes ☐ No	\$
Income from Training Programs	☐ Yes ☐ No	\$	☐ Yes ☐ No	\$	☐ Yes ☐ No	\$
List Other Income:	☐ Yes ☐ No	\$	☐ Yes ☐ No	\$	☐ Yes ☐ No	\$
	☐ Yes ☐ No	\$	☐ Yes ☐ No	\$	☐ Yes ☐ No	\$
	☐ Yes ☐ No	\$	☐ Yes ☐ No	\$	☐ Yes ☐ No	\$

INCOME DETAILS (detail ALL income for ALL household members marked yes above)

HOUSEHOLD MEMBER NAME	TYPE OF INCOME	COMPANY/PROVIDER NAME	CONTACT INFO

PART 6- SIGNATURES:

Must be signed and dated by all members of the household age 18 & older:

I/we understand that the above information is being collected to determine eligibility for residence.

I/we certify that all assets currently held or previously disposed of and all income sources have been listed on this application.
I/we further certify that the statements made in this application are true and complete to the best of my/our knowledge and belief and are aware that false statements are punishable under Federal law.

I/we authorize the owner/manager to verify information provided on this application and the signature(s) below are the consent to obtain such verification.

_____ Printed Name	_____ Signature	_____ Date
_____ Printed Name	_____ Signature	_____ Date
_____ Printed Name	_____ Signature	_____ Date
_____ Printed Name	_____ Signature	_____ Date