



Rental Application for Tax Credit Properties

Complete one application per adult household member

Name:			Email:			
Primary Phone:			Alternate Phone:			
Phase:	Apartment Size:	How did you hear about us?				
FAMILY COMPOSITION						
Please list all persons who will be living in the household, including yourself:						
Name (First, Middle, & Last)	Relationship to Head of Household	Sex	Date of Birth	Social Security Number	Marital Status	Full Time Student
	Head of Household					<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
Yes	No					
<input type="checkbox"/>	<input type="checkbox"/>	1) I expect additions to my household in the next twelve months. If yes, explain:				
<input type="checkbox"/>	<input type="checkbox"/>	2) There are persons living with me now that won't be living with me at this property. If yes, who:				
<input type="checkbox"/>	<input type="checkbox"/>	3) There are absent household members who under normal conditions would be living with me. If yes, who:				
<input type="checkbox"/>	<input type="checkbox"/>	4) Are any of the dependents listed above going to be living in the household for less than 50% of the time? If yes, who:				
<input type="checkbox"/>	<input type="checkbox"/>	5) An adult in the household has primary, physical custody of every child listed on this application. If no, explain:				
RENTAL HISTORY						
6) Please provide your last 2 years of residential history:						
Current Address:						
Time at this Address:	From (Month/Year):				To (Month/Year):	
Landlord's Name:	Landlord's Address:			Landlord's Phone #:		
Previous Address:						
Time at this Address:	From (Month/Year):				To (Month/Year):	
Landlord's Name:	Landlord's Address:			Landlord's Phone #:		
Previous Address:						
Time at this Address:	From (Month/Year):				To (Month/Year):	
Landlord's Name:	Landlord's Address:			Landlord's Phone #:		
Yes	No					
<input type="checkbox"/>	<input type="checkbox"/>	7) I owe money to a PHA, HUD, Apartment Community, or a Previous Landlord?				
		a. If yes, to whom:				
		b. How much: \$				
<input type="checkbox"/>	<input type="checkbox"/>	8) I have been evicted. If yes, explain:				





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UTILITIES

****It is a lease requirement that the utilities be in your name at all times while living in the unit****

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	9) I have an overdue/outstanding balance with a utility provider. If yes, to whom:
<input type="checkbox"/>	<input type="checkbox"/>	10) I will be able to establish all utilities (gas and/or electricity) in my unit. If no, explain:

BACKGROUND CHECK

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	11) I have a Driver's License or State Identification Card. If yes, list the DLN and State issued:
<input type="checkbox"/>	<input type="checkbox"/>	12) A member of my/our household is subject to a lifetime registration requirement under a state sex offender registration program. If yes, explain:
<input type="checkbox"/>	<input type="checkbox"/>	13) I/we have a criminal or juvenile record, and/or have been convicted of any crime other than a traffic violation. If yes, explain:
<input type="checkbox"/>	<input type="checkbox"/>	14) I/we have been convicted of the illegal manufacture or distribution of a controlled substance. If yes, explain:
<input type="checkbox"/>	<input type="checkbox"/>	15) I/we have used a name(s) and/or social security number(s) other than the one I am currently using. If yes, explain:

STUDENT STATUS

****Complete this section only if all household members are full-time students (including K-12)****

Yes	No			
<input type="checkbox"/>	<input type="checkbox"/>	16) I attend an institution of higher education either full or part-time. If yes, list below:		
		Institution Name	Institution Address	Institution Phone Number

MISCELLANEOUS

Yes	No				
<input type="checkbox"/>	<input type="checkbox"/>	17) I have a pet. If yes, complete the following:			
		Name	Breed	Weight	
<input type="checkbox"/>	<input type="checkbox"/>	18) I will be keeping a vehicle(s) on the property. If yes, complete below:			
		Year	Make/Model	Color	Plate Number
					Registered To:
		19) List two emergency contacts:			
		Name	Relationship	Address	Phone Number

CERTIFICATION

By signing this application, I certify the accuracy of the above information. The information is true and correct and I authorize Management to verify any references I have listed. I authorize Management to access any records pertaining to me which may be on file with law enforcement and credit bureau authorities. I authorize my present and prior landlords to release information regarding my tenancy. I understand that it is a crime to knowingly provide false information for the purpose of obtaining or maintaining occupancy in and/or for the purpose of securing a lower rent in a subsidized housing development. I understand that the penalty for knowingly providing false information is up to five years in prison and/or a \$10,000 fine upon conviction.

I hereby do swear and attest that all of the information above about me is true and correct. I also understand that all changes in the income of any member of the household, as well as any changes in the household composition, must be reported to the landlord in writing immediately.

Printed Name of Applicant	Signature of Applicant	Date
Signature of Owner/Agent		Date

It is the policy of this company to provide housing on an equal opportunity basis. We do not discriminate on the basis of race, color, national origin, sex, age, disability, religion, and/or familial status.

