

### SAMPLE RENTAL APPLICATION

The information collected below will be used to determine whether you qualify as a tenant. It will not be disclosed without your consent except to your employers for verification of income and employment and to financial institutions for verification of assets, and as required and permitted by law. You do not have to provide the information. However, if you do not, your tenant application may be delayed or rejected.

|                                     |      |       |     |                               |
|-------------------------------------|------|-------|-----|-------------------------------|
| Applicant's Name                    |      |       |     | Home Phone                    |
| Present Street Address              | City | State | Zip | # of years at present address |
| Former Street Address               | City | State | Zip | # of years at former address  |
| Names of other persons in household |      |       |     |                               |

|                        |      |       |     |                               |
|------------------------|------|-------|-----|-------------------------------|
| Co-Applicant's Name    |      |       |     | Home Phone                    |
| Present Street Address | City | State | Zip | # of years at present address |
| Former Street Address  | City | State | Zip | # of years at former address  |

#### HOUSEHOLD COMPOSITION

|            | Full Name | Relationship | Age | Social Security # | F/T = Full Time<br>P/T = Part Time                                                                       | Receiving any source of Income                           |
|------------|-----------|--------------|-----|-------------------|----------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| Head of HH |           |              |     |                   | Student Status<br><input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2          |           |              |     |                   | Student Status<br><input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3          |           |              |     |                   | Student Status<br><input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4          |           |              |     |                   | Student Status<br><input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5          |           |              |     |                   | Student Status<br><input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6          |           |              |     |                   | Student Status<br><input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7          |           |              |     |                   | Student Status<br><input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8          |           |              |     |                   | Student Status<br><input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Are any household members listed above foster children?  Yes  No. If yes, who? \_\_\_\_\_

Are any household members listed above live-in attendants?  Yes  No. If yes, who? \_\_\_\_\_

Are any household members planning to attend school full-time?  Yes  No. If yes, who? \_\_\_\_\_

**CURRENT EMPLOYMENT INFORMATION**

|                              |           |                                                                                                                                                                                                                                               |            |          |
|------------------------------|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----------|
| Applicant's Name             |           | Occupation                                                                                                                                                                                                                                    | Work Phone |          |
| Name and Address of Employer |           | City                                                                                                                                                                                                                                          | State      | Zip Code |
| Date Hired                   | Salary \$ | <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi- Weekly <input type="checkbox"/> Twice a Month<br><input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other | Work Fax   |          |

|                              |           |                                                                                                                                                                                                                                               |            |          |
|------------------------------|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----------|
| Co-applicant's Name          |           | Occupation                                                                                                                                                                                                                                    | Work Phone |          |
| Name and Address of Employer |           | City                                                                                                                                                                                                                                          | State      | Zip Code |
| Date Hired                   | Salary \$ | <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi- Weekly <input type="checkbox"/> Twice a Month<br><input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other | Work Fax   |          |

|                                    |           |                                                                                                                                                                                                                                               |            |          |
|------------------------------------|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----------|
| Additional Household Member's Name |           | Occupation                                                                                                                                                                                                                                    | Work Phone |          |
| Name and Address of Employer       |           | City                                                                                                                                                                                                                                          | State      | Zip Code |
| Date Hired                         | Salary \$ | <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi- Weekly <input type="checkbox"/> Twice a Month<br><input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other | Work Fax   |          |

|                                    |           |                                                                                                                                                                                                                                               |            |          |
|------------------------------------|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----------|
| Additional Household Member's Name |           | Occupation                                                                                                                                                                                                                                    | Work Phone |          |
| Name and Address of Employer       |           | City                                                                                                                                                                                                                                          | State      | Zip Code |
| Date Hired                         | Salary \$ | <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi- Weekly <input type="checkbox"/> Twice a Month<br><input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other | Work Fax   |          |

**OTHER SOURCES OF INCOME**

Does anyone in your household receive income from any of the following? Please mark "yes" or "no" for each source of income.

| Source - Employment | Check one                                                | Source - Benefit/Pensions | Check one                                                | Source - Other  | Check one                                                |
|---------------------|----------------------------------------------------------|---------------------------|----------------------------------------------------------|-----------------|----------------------------------------------------------|
| Second job          | <input type="checkbox"/> Yes <input type="checkbox"/> No | Workers Compensation      | <input type="checkbox"/> Yes <input type="checkbox"/> No | Grants          | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Bonuses             | <input type="checkbox"/> Yes <input type="checkbox"/> No | Unemployment              | <input type="checkbox"/> Yes <input type="checkbox"/> No | Scholarships    | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Tips                | <input type="checkbox"/> Yes <input type="checkbox"/> No | Alimony                   | <input type="checkbox"/> Yes <input type="checkbox"/> No | Recurring Gifts | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Commissions/fees    | <input type="checkbox"/> Yes <input type="checkbox"/> No | Child Support             | <input type="checkbox"/> Yes <input type="checkbox"/> No | AFDC/TANF       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Overtime Pay        | <input type="checkbox"/> Yes <input type="checkbox"/> No | Social Security           | <input type="checkbox"/> Yes <input type="checkbox"/> No | Other           | <input type="checkbox"/> Yes <input type="checkbox"/> No |

For each "Yes" marked above, please complete the following:

| Household Member Name | Amount Received                                                                                                                                                                                                                                         | Source |
|-----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
|                       | Salary \$ <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi- Weekly <input type="checkbox"/> Twice a Month<br><input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other |        |
|                       | Salary \$ <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi- Weekly <input type="checkbox"/> Twice a Month<br><input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other |        |
|                       | Salary \$ <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi- Weekly <input type="checkbox"/> Twice a Month<br><input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other |        |
|                       | Salary \$ <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi- Weekly <input type="checkbox"/> Twice a Month<br><input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other |        |
|                       | Salary \$ <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi- Weekly <input type="checkbox"/> Twice a Month<br><input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other |        |

**HOUSEHOLD ASSETS**

Does anyone in your household have any of the following types of assets? Please mark “yes” or “no” for each type of asset.

| Type of Asset           | Check one                                                | Type of Asset            | Check one                                                | Type of Asset                        | Check one                                                |
|-------------------------|----------------------------------------------------------|--------------------------|----------------------------------------------------------|--------------------------------------|----------------------------------------------------------|
| Checking Account        | <input type="checkbox"/> Yes <input type="checkbox"/> No | IRA/Keogh Account*       | <input type="checkbox"/> Yes <input type="checkbox"/> No | Revocable trust fund                 | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Savings Account         | <input type="checkbox"/> Yes <input type="checkbox"/> No | Retirement/Pension Fund* | <input type="checkbox"/> Yes <input type="checkbox"/> No | Mortgage/Note Held                   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Cash                    | <input type="checkbox"/> Yes <input type="checkbox"/> No | Mutual Funds/Stock*      | <input type="checkbox"/> Yes <input type="checkbox"/> No | Life Insurance Policy*               | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Certificate of Deposit* | <input type="checkbox"/> Yes <input type="checkbox"/> No | Real Estate/Land*        | <input type="checkbox"/> Yes <input type="checkbox"/> No | Personal Property Held as Investment | <input type="checkbox"/> Yes <input type="checkbox"/> No |

For each “Yes” marked above, please complete the following:

| Household Member Name | Type of Asset | Cash value (see note) | \$ Asset will earn in next 12 months |
|-----------------------|---------------|-----------------------|--------------------------------------|
|                       |               |                       |                                      |
|                       |               |                       |                                      |
|                       |               |                       |                                      |
|                       |               |                       |                                      |
|                       |               |                       |                                      |
|                       |               |                       |                                      |
|                       |               |                       |                                      |
|                       |               |                       |                                      |
|                       |               |                       |                                      |

**Note: \* When listing the cash value of any of the items that have an asterisk, remember penalties for withdrawal, or any fees deducted to convert the asset to cash. E.g., if you owned a home and sold it, how much cash would you have after you paid off the mortgage, the realtor, etc? That is the amount to be listed in the “cash value” column.**

Have you sold any property for less than its worth within the past two year? *(If sale due to bankruptcy, foreclosure, divorce, answer no)*  Yes  No. If yes, explain. \_\_\_\_\_

The information provided above is true and complete to the best of my/our knowledge and belief. I/we consent to the disclosure of income and financial information from my/our employer and financial references for purposes of income and asset verification related to my/our application for tenancy.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant

\_\_\_\_\_  
Date