



RENTAL APPLICATION

For Office Use Only

Date & Time Completed Application Verified: _____ Application #: _____

Please Circle Marketing Source: Craigslist - For Rent Sign - CHAD Website - Car Signage
Please Circle Agency Referral or Person Referral – Name: _____
Please Circle Preferred Language: English Spanish Polish Gujarati Urdu Chinese
 Other: _____

Applying for: ____ Studio ____ 1BR ____ 2BR ____ 3BR

Requested Move In Date: _____

Yes	No	
		Are all the lease holders at least 18 years or older?
		Are you able to regularly pay the rent?
		Do you confirm that all lease holders have no more than between \$0-\$10,000 in collections?
		Do you confirm that all lease holders have <u>NOT</u> filed bankruptcy or the bankruptcy was discharged more than one year ago?
		Do you confirm that you & all your occupants have <u>NOT</u> in the last 10 years been convicted of a felony crime involving violence, major drugs, or sexual offenses?

If you checked “no” to any of the above questions you do not qualify for renting with CHAD.

OCCUPANT INFORMATION

List each person who would live with you (including yourself). Correct legal names and Social Security Numbers and/or ITIN must be used.

Last Name	First Name	MI	Birth Date	Social Security #	Relation



Yes	No	Household Information...
		1. Does anyone live with you now who is not listed above? If yes, please explain why this person will not be living with you:
		2. Do you expect any additions to the household within the next 12 months? If yes, please list name and relationship:
		3. Do you have full custody of your children? Explanation of custody arrangements:
		4. Do you currently live with a relative or friend? If yes, whom:
		5. Is your name on the lease where you currently live?
		6. Will this unit be your only place of residence? If no, please explain:
		7. Are you receiving Rental Assistance? If yes, include kind and source:
		8. Has your Rental Assistance ever been terminated for fraud, non-payment of rent, or failure to certify? If yes, please explain:
		9. Have any leaseholder ever filed for bankruptcy? If yes, month/year filed: _____ If it was dismissed when? _____
		10. Have any leaseholders and occupant ever been convicted of a felony? If yes, please explain: _____
		11. Have any leaseholders ever been evicted from tenancy for any reason? If yes, please explain: _____

CURRENT ADDRESS & CONTACT INFORMATION	
Your Current Address	
City, State, Zip	
Daytime Phone	
Evening Phone	
Email	

CURRENT LANDLORD INFORMATION	
Current Land Lord Name	
Address	
Unit #	
City, State, Zip	
Landlord Phone and Fax Number	
Monthly Rent	
Dates of Tenancy	
Reason For Leaving	



PREVIOUS LANDLORD INFORMATION	
Previous Land Lord Name	
Address	
Unit #	
City, State, Zip	
Landlord Phone and Fax Number	
Monthly Rent	
Dates of Tenancy	
Reason For Leaving	

VEHICLE IDENTIFICATION:

Please list information for all vehicles owned by any household member.

License Plate #	State Issued	Make	Model	Year

Driver's License #: _____ Name: _____
 Driver's License #: _____ Name: _____

EMERGENCY CONTACTS

Name and address - if possible, list someone in the area not already listed on this application.

Name	Address, Town, State, Zip	Phone	Relation



INCOME INFORMATION

Please include all anticipated income for the next twelve months.
Include the **MONTHLY GROSS** dollar amount in the space provided.

Yes	No	Do YOU receive OR expect to receive income from:
		1. Employment wages or salaries? (<i>Include overtime, tips, bonuses, commissions and payments received in cash</i>)
Employer's Name		
Address		
Town, Zip		
Phone		
Fax		
Job Title		
Hrs Per Week		
Hourly Wage		
Years Employed		

Employer's Name		
Address		
Town, Zip		
Phone		
Fax		
Job Title		
Hrs Per Week		
Hourly Wage		
Years Employed		



INCOME INFORMATION CONTINUES

Yes	No	Do YOU receive OR expect to receive income/assistance from:
		2. Self Employed?
		3. Unemployment benefits or workman's compensation?
		4. Public Assistance, General Relief or Aid to Families with Dependent Children, Housing Choice Voucher (formerly Section 8), Rental Housing Support?
		5. Child Support or Alimony? (<i>Any AWARDED amount – collected or uncollected</i>)
		6. Social Security, SSI or any Veteran's pension or disability benefits?
		7. Severance payments or Settlements? (<i>such as insured settlement</i>)
		8. Disability, death benefits or life insurance dividends?
		9. Regular gifts or payments from anyone outside of the household? (<i>This includes anyone supplementing your income or paying any of your bills</i>)
		10. Educational grants, scholarships or other student benefits?
		11. Lottery winnings or inheritances?
		12. Payments from rental property, land contracts or other forms of real estate?
		13. Any other income sources or types not listed?
		14. Are you participating in a program that will be paying your rent?

If you answered Yes to any of the above please provide details below.

Source	Monthly Amount

ASSET INFORMATION:

Yes	No	Do YOU have...
		1. Checking or savings accounts?
		2. CD's money market accounts or treasury bills?
		3. Stocks, bonds, securities or trust funds?
		4. Pensions, IRAs, KEOGH or other retirement accounts?
		5. Cash on hand over \$500 or a safe deposit box?
		6. Real estate, rental property, land/contracts for deeds or other real estate holdings? (<i>This includes your personal residence, vacant land, farms, vacation homes or commercial property</i>)
		7. Personal property as an investment? (<i>This includes paintings, coin or stamp collections, artwork, collector or show cars and antiques</i>)
		8. Have you given away any assets for LESS than fair market value within the past 2 years?

If you answered Yes to any of the above please provide details below.

Source	Monthly Amount



Yes	No	STUDENT INFORMATION
		Is any leaseholder a full-time student currently or planning to be in the next 12 months?
IF YES, STUDENT MUST CONTINUE WITH THE FOLLOWING QUESTIONS: <i>(You will need to provide verification of all items you answered YES.)</i>		
		a. Are you married <u>and</u> currently filing a joint tax return?
		b. Are you receiving AFDC (Aid to Families with Dependent Children)?
		c. Are you enrolled in the Job Training Partnership Act (JTPA) or another similar local, county or state program?
		d. Are you a single parent with minor child(ren) and neither you nor the minor child(ren) are dependent on anyone else's tax return?

Yes	No	HOUSING CHOICE VOUCHER (Formerly Section 8):
		Will you be receiving HCV rental assistance at time of move-in?
If Yes, Case Manager's Name:		
Case Manager's Phone:		
Case Manager's Email:		

Yes	No	PETS \$300.00 Pet Deposit. Only one cat or dog less than 20 pounds.
		Do you have any pets?
If Yes, how many?		
What kind?		





This section has no bearing on rental decisions.

Mono-racial

	<i>Choose one column only</i> Household or Persons	
Race: White		
<i>Ethnicity: Hispanic / Latino</i>		
<i>Ethnicity: Not Hispanic / Latino</i>		
Race: Black / African American		
<i>Ethnicity: Hispanic / Latino</i>		
<i>Ethnicity: Not Hispanic / Latino</i>		
Race: Asian		
<i>Ethnicity: Hispanic / Latino</i>		
<i>Ethnicity: Not Hispanic / Latino</i>		
Race: American Indian / Alaskan Native		
<i>Ethnicity: Hispanic / Latino</i>		
<i>Ethnicity: Not Hispanic / Latino</i>		
Race: Native Hawaiian / Other Pacific Islander		
<i>Ethnicity: Hispanic / Latino</i>		
<i>Ethnicity: Not Hispanic / Latino</i>		

Bi-racial and Multi-racial

Race: Asian and White		
<i>Ethnicity: Hispanic / Latino</i>		
<i>Ethnicity: Not Hispanic / Latino</i>		
Race: Black / African American and White		
<i>Ethnicity: Hispanic / Latino</i>		
<i>Ethnicity: Not Hispanic / Latino</i>		
Race: American Indian/ Alaska native and Black / African American		
<i>Ethnicity: Hispanic / Latino</i>		
<i>Ethnicity: Not Hispanic / Latino</i>		
Race: Other Multi-racial		
<i>Ethnicity: Hispanic / Latino</i>		
<i>Ethnicity: Not Hispanic / Latino</i>		



Rental Application Signature Page
And
Authorization for Release of Information

All questions that were answered YES will be verified through the appropriate source. It will be your responsibility to provide management with all necessary information to properly process your application and verify your eligibility. This will include names, address, phone and fax numbers, account numbers where applicable and any other information required to expedite this process.

I understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may result in criminal penalties. I authorize my consent to have management verify the information contained in this application for purposes of proving my eligibility for occupancy. I will provide all necessary information and expedite this process in any way possible. I understand that my occupancy is contingent on meeting management's resident selection criteria and the affordable housing requirements.

I certify that all information and answers to the above questions are true and complete to the best of my knowledge. In connection with this application authorize all corporations, companies, credit agencies, educational institutions, financial institutions, law enforcement agencies, military services, current or former landlords, and/or parties deemed necessary to this application to release information they may have about me to Community Housing Advocacy & Development and release them from any liability or responsibility for doing so; further, I authorize procurement of investigative consumer report and understand that such a report may contain information about my background, character, and personal reputation and that further information may be made available upon written request within a reasonable period of time.

The above information, to the best of my knowledge, is true and correct.

Date

Print Full Name

Social Security Number

Signature





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The above information, to the best of my knowledge, is true and correct.

Date

Print Full Name

Social Security Number

Signature





Rental Application Checklist

Name: _____

Applicant Should Bring to the Rental Screening Appointment...	
	Completed application
	\$25.00 non-refundable Money Order for each adult occupant 18 and over
	Valid US Government issued ID (Driver's License or State I.D.)
	Social Security Card for each adult leaseholder
	Birth Certificates for children under 18 years of age living in the unit
	Guardianship papers (if applicable)
	Paystubs for the last 90 days of each adult occupant
	Other source of income documentation
	If receiving unemployment insurance, provide award letter with eligible period and amount
	Last 3 months of statements for checking and/or saving accounts of each adult occupant
	If applicable award letter for Social Security or Pension Payments
	If applicable court ordered child support
	If applicable proof of rabies and vacation shots for dog or cat with \$200.00 pet deposit
Date	BELOW THIS POINT IS FOR CHAD STAFF ONLY
	Rental Application Summary Form
	Request the criminal background for
	Request the criminal background for
	Request the credit history for
	Request the credit history for
	Print the criminal background results for
	Print the criminal background results for
	Print the credit history results for
	Print the credit history results for
	Request the current landlord verification
	Received the current landlord verification
	Request the previous landlord verification
	Received the previous landlord verification
	Request employment verification for
	Request employment verification for
	Received employment verification for
	Received employment verification for