



COMMUNITY
HOUSING PARTNERS

Rental Application

Applicant:

Name: _____

Current Address: _____

City, State, Zip Code: _____ Work Phone: _____

Home Phone: _____ Social Security # _____

Date of Birth: _____ Bedroom Size Requested: _____

Marital Status: single married divorced separated widow

Co-Applicant:

Name: _____

Current Address: _____

City, State, Zip Code: _____ Work Phone: _____

Home Phone: _____ Social Security # _____ Date of Birth: _____

Marital Status: single married divorced separated widow

HOUSEHOLD COMPOSITION AND CHARACTERISTICS

1. List the Head of Household and all other members who will be living in the unit. Give the Relations of each family member to the head.

| <u>Name</u> | <u>Relationship</u> | <u>Birth Date</u> | <u>Age</u> | <u>Sex</u> | <u>Social Security</u> | <u>Student</u> <u>circle which</u> <u>applies</u> |
|-------------|---------------------|-------------------|------------|------------|------------------------|---|
| | Head of Household | | | | | NO FT PT |
| | | | | | | NO FT PT |
| | | | | | | NO FT PT |
| | | | | | | NO FT PT |
| | | | | | | NO FT PT |
| | | | | | | NO FT PT |
| | | | | | | NO FT PT |

2. Do you expect a change in your household composition within the next 12 months? Yes No
If yes, please explain: _____

STUDENT STATUS:

Are all of the residents full time students? Yes No

If yes: is the household comprised of a single parent and child,
Neither of who is dependent on a third party. Yes No

If yes: is Applicant & CO-Applicant married and file a joint tax Return? Yes No

If yes: does the household receive AFDC or TANF? Yes No

If yes: is head of household in federal or state job training program? Yes No



INCOME INFORMATION

Please answer each of the following questions. For each "yes," provide details in the charts below.
Does any member of your household:

1. Work Full time, part time, or seasonally .. []Yes []No \$ _____
 2. Work for someone who pays him or her cash []Yes []No \$ _____
 3. Expect a leave of absence from work due to lay off []Yes []No \$ _____
medical, maternity, or military leave.
 4. Now receive or expect to receive unemployment benefits []Yes []No \$ _____
 5. Now receive or expect to receive child support. []Yes []No \$ _____
 6. Entitled to child support that he/she is not now receiving []Yes []No \$ _____
 7. Now receive or expect to receive alimony []Yes []No \$ _____
 8. Have an entitlement to receive alimony that is not
currently being received []Yes []No \$ _____
 9. Now receive or expect to receive public assistance (TANF) []Yes []No \$ _____
 10. Now receive or expect to receive Social Security or disability []Yes []No \$ _____
 11. Now receive or expect to receive income from a pension/annuity []Yes []No \$ _____
 12. Now receive or expect to receive regular contributions from
organizations or individuals not living in the unit..... []Yes []No \$ _____
 13. Receive income/dividends from assets including checking, savings,
certificates of deposit, stocks, bonds, rental property []Yes []No \$ _____
 14. Own real estate or any asset for which you receive income []Yes []No \$ _____
 15. Now receive military pay []Yes []No \$ _____
 16. Now receive workers compensation..... []Yes []No \$ _____
 17. Now receive veterans administration benefits..... []Yes []No \$ _____
 18. Do you have income from any source not mentioned above []Yes []No \$ _____
- If yes, please explain: _____

Employment:

Applicant:

Circle all applicable:

| | | | |
|--|---------------------------|---------------------------|------------------------|
| | Employed full time | Employed part time | self – employed |
| | Non-employed | Unemployed | |

Current
Employer _____ Position _____ Date Hired _____
Address _____ Supervisor _____ Phone _____

Current Wages: \$ _____ per: hour week month year (circle one)
Do you expect to earn substantial overtime? () Yes () No If so, how much? _____

Co-Applicant:

Circle all applicable:

| | | | |
|--|---------------------------|---------------------------|------------------------|
| | Employed full time | Employed part time | self – employed |
| | Non-employed | Unemployed | |

Current
Employer _____ Position _____ Date Hired _____
Address _____ Supervisor _____ Phone _____

Current Wages: \$ _____ per: hour week month year (circle one)
Do you expect to earn substantial overtime? () Yes () No If so, how much? _____



ASSET INFORMATION

Please answer each of the following questions.

Do any household members have any of the following? If yes, indicate the value.

- Checking Account (average 6mon balance)..... []Yes.. []No \$ _____
 - Savings Account..... []Yes.. []No \$ _____
 - Certificates of Deposit..... []Yes.. []No \$ _____
 - Stocks or Bonds..... []Yes.. []No \$ _____
 - IRA/s or Retirement Funds..... []Yes.. []No \$ _____
 - Mutual Funds..... []Yes.. []No \$ _____
 - Trust Accounts..... []Yes.. []No \$ _____
 - Whole or Universal Life Insurance (not Term)..... []Yes.. []No \$ _____
 - Personal Property held as an investment.... []Yes.. []No \$ _____
 - Real Estate..... []Yes.. []No \$ _____
 - Any Assets not listed above..... []Yes.. []No \$ _____
- Have you disposed of any assets in the previous 24 months for less than fair market value?.. []Yes.. []No

List all information for any asset noted above (including Checking, Savings, IRAs, Keogh accounts, and Certificates of Deposit) of all household members.

| BANK NAME or INSTITUTION | TYPE OF ACCOUNT | ACCOUNT NUMBER | BALANCE |
|--------------------------|-----------------|----------------|---------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

PREVIOUS RENTAL HISTORY

Name and Address of Your Present Landlord:

Do you: Rent Own Other _____

Telephone No. _____

How Long Have You Lived There? _____

Reason for Leaving. _____

Name and address of your Former Landlord:

Telephone No. _____

How Long Did You Live There? _____

Reason for Leaving. _____



RD and HUD PROPERTIES ONLY
EXPENSES

Yes No Do you have expenses for child care of a child aged 12 or younger?
If yes, provide the name, address, and telephone number of the care provider:

What does the child care cost you weekly? _____

Yes No Do you pay a care attendant or for any equipment for any disabled household member(s) necessary to permit that person or someone else in the household to work?
If you pay a care attendant, provide their name, address and telephone number:

What is the cost to you for the care attendant and/or the equipment? _____

Yes No Do you have Medicare? If yes, what is your monthly premium? _____

Yes No Do you have any other medical insurance? If yes, provide name and address of carrier, policy number, and premium amount: _____

Yes No Do you have outstanding medical bills? If yes, list them below.

What medical expenses do you expect to incur in the next twelve months?

If you use the same pharmacy regularly, please provide the name and address:

OTHER INFORMATION:

Driver's License #: _____ State: _____ Expires: _____

Vehicle Model: _____ Year: _____ License Plate #: _____

HAVE YOU OR ANY HOUSEHOLD MEMBER EVER:

- Filed for Bankruptcy? Yes No
- Been evicted from Tenancy? Yes No
- Been evicted from Federally Funded Housing for a lease violation including drug use or a crime? Yes No
If yes, when: _____
- Been convicted of a Felony or Misdemeanor? Yes No
If yes, explain: _____
- Are you or any household member subject to lifetime sex offender registration Yes No
- Are you or any household member enlisted in the U.S. Military or a veteran Yes No
- Are you or any household member currently receiving housing assistance from HUD or a PHA ... Yes No
- Do you have any special housing needs? Yes No
If yes, explain: _____

Emergency Contact:

Nearest Living Relative: _____

| | Name | Phone | Relationship |
|----------------|------|-------|--------------|
| Address: _____ | | | |

MARKETING INFORMATION:

How did you hear about this community? _____

I hereby apply to lease the above described premises on substantially the terms set forth herein. As an inducement to Community Housing Partners, Agent for the owner of the property, to accept this application, I warrant that all statements contained herein are true. I have been advised and understand that residency at this community entails certain income restrictions and that residency is subject to qualification. I hereby authorize Landlord to procure a consumer report as defined in the Fair Credit Reporting Act, 15 U.S.C. 1881 a (d) seeking information on the credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. I tender in addition to any security deposit, the amount of \$ _____ which I acknowledge is the cost of procuring a consumer credit report, employment verification, character references and other administrative set-up costs. This fee is non-refundable. I agree that in addition to execution of a Lease Agreement that I will execute a tenant certification attesting to the information contained herein which certification will be made under the penalty of perjury.

A deposit of \$ _____ is made herein. If the application is approved, said deposit will be held as (partial/full) security for the performance of the covenants of the lease and as a damage deposit. The full security deposit will be \$ _____. If the applicant(s) notifies the Landlord within three (3) days after the execution of this application that applicant(s) no longer wishes to rent said apartment, Landlord agrees to return said deposit in full. Landlord reserves the right to retain the security deposit if, for any reason, prospective resident withdraws the application for tenancy, if said application is withdrawn after the time limit set out in the previous sentence.

By execution of this application, I hereby authorize Community Housing Partners. to make such investigations into my credit history as they may deem appropriate. I understand that such investigations typically include (but are not limited to) verification of employment and salary, rental history and consumer credit reports. By signing below, the applicant gives permission to procure a criminal background check and understands the results of such background check could affect the approval of this application. The undersigned do hereby acknowledge disclosure that the licensee, Community Housing Partners represents the Landlord in a real estate transaction.

RESIDENT'S DUTY TO PROVIDE TRUTHFUL & COMPLETE INFORMATION

WARNING: Section 1001 of Title 18 U.S. Code makes it a criminal offense to willfully falsify a material fact or make a false statement in any matter within the jurisdiction of a federal agency.

Resident acknowledges that federal law and the IRS require Resident to answer all questions about income and student status truthfully and completely at Resident's initial certification and at each annual recertification. This information is essential for determining Resident's eligibility to occupy the Unit. Resident understands that (s) he must give truthful and complete income and student status information at all times. Resident understands that compliance with this paragraph is a condition of Resident's occupancy of the Unit. If Owner discovers, at any time the Lease Term, that Resident purposely gave false or incomplete income or student status information, Owner may evict Resident from the Unit.

Resident's Acknowledgement: _____

(Initial here)

Applicant: _____ **Date:** _____

Co-Applicant: _____ **Date:** _____

Received by: _____ **Date Received:** _____ **Time :** _____



RD Properties Only

For Statistical Information Purposes Only:

The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service that the Federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age, and disability are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race, ethnicity, and sex of individual applicants on the basis of visual observation or surname.

1. Ethnicity: Hispanic or Latino Not Hispanic or Latino
2. Race: American Indian/Alaska Native Asian Black or African American
 Native Hawaiian or Other Pacific Islander White
3. Gender: Male Female



PROPERTY MANAGEMENT

Community Housing Partners
www.CommunityHousingPartners.org

4915 Radford Avenue, Suite 300, Richmond, VA 23230 | (804) 343-7201, TTY: 711, fax: (804) 343-7208



We are an equal housing opportunity provider. We do not discriminate on the basis of race, color, sex, national origin, religion, disability or familial status (having children under age 18). We do not interfere, threaten, or coerce persons in the exercise of their fair housing rights. We do not retaliate against persons who have asserted their rights or persons who have assisted someone in asserting their rights.