



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.

Table with 7 columns: Name, Relationship, Birth Date, Age, Sex, Social Security, Student (circle which applies). Includes rows for Head of Household and other members.

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:

	<b>Employed full time Non-employed</b>	<b>Employed part time Unemployed</b>	<b>self – employed</b>
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:

	<b>Employed full time Non-employed</b>	<b>Employed part time Unemployed</b>	<b>self – employed</b>
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:

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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:

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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: \_\_\_\_\_

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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?

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

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**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.*