COMMUNITY
HOUSING PARTNERS

Rental Application

Applicant:

Name: _____

Current Address: _____

City, State, Zip Code: _____ Email address: _____

Date of Birth: _____ Social Security # _____

Home Phone: _____ Work Phone: _____

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.

Name	Relationship	Birth Date	Age	Sex	Social Security	Student circle which applies
	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: _____

EQUAL HOUSING OPPORTUNITY

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 (including Gig Income)	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 due to medical, maternity, or military leave	Yes ☐	No ☐	$_____
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 veterans administration benefits	Yes ☐	No ☐	$_____
17. Do you have income from any source not mentioned above	Yes ☐	No ☐	$_____

If yes, please explain:

_____

EQUAL HOUSING OPPORTUNITY

Employment:

Applicant:

Check 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 (select one)

Do you expect to earn substantial overtime? ☐ Yes ☐ No If so, how much? _____

Co-Applicant:

Check 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 (select 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	Yes ☐	No ☐	$_____
Savings Account	Yes ☐	No ☐	$_____
Certificates of Deposit	Yes ☐	No ☐	$_____
Government Benefits Card	Yes ☐	No ☐	$_____
Mobile Payment Services (Venmo/PayPal/Chime/Cash App)	Yes ☐	No ☐	$_____
Stocks/Bonds/Mutual Funds	Yes ☐	No ☐	$_____
Trust Accounts	Yes ☐	No ☐	$_____
Whole of Universal Life Insurance (not Term)	Yes ☐	No ☐	$_____
Personal Property held as an investment	Yes ☐	No ☐	$_____
Real estate	Yes ☐	No ☐	$_____
Annuities	Yes ☐	No ☐	$_____
Cryptocurrency / Bitcoin	Yes ☐	No ☐	$_____
GoFundMe / Crowdsourcing	Yes ☐	No ☐	$_____
Any asset not listed above	Yes ☐	No ☐	$_____
Have you disposed of any assets in the previous 24 months for less than fair market value?	Yes ☐	No ☐	$_____

EQUAL HOUSING OPPORTUNITY

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:

_____

_____

EQUAL HOUSING OPPORTUNITY

OTHER INFORMATION:

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

Vehicle Model: _____Year: _____ License Plate #:_____

ADDITIONAL QUESTIONS:

1. Have you or any household member filed for Bankruptcy?	Yes ☐	No ☐
2. Have you or any household member been evicted from Tenancy?	Yes ☐	No ☐
3. Have you or any household member been evicted from Federally Funded Housing for a lease violation including drug use or a crime? If yes, when:	Yes ☐	No ☐
4. Have you or any household member been convicted of a Felony or Misdemeanor? If yes, explain:	Yes ☐	No ☐
5. Are you or any household member subject to lifetime sex offender registration?	Yes ☐	No ☐
6. Are you or any household member enlisted in the U.S. Military or a veteran?	Yes ☐	No ☐
7. Are you or any household member currently receiving housing assistance from HUD or a PHA?	Yes ☐	No ☐
8. Do you or any household member have any special housing needs? If yes, explain:	Yes ☐	No ☐
9. Do you have any relatives that work for Community Housing Partners? If yes, explain:	Yes ☐	No ☐
10. Will you be bringing a pet? If yes, what type?	Yes ☐	No ☐

Emergency Contact:
Nearest Living Relative: Name_____ Phone_____
Relationship_____

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 $_____.

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

COMMUNITY
HOUSING PARTNERS

Community Housing Partners
448 Depot Street NE, Christiansburg, VA 24073 | (540) 382-2002, TTY: 711, fax: (540) 382-1935 | www.CommunityHousingPartners.org

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), or any other legally protected characteristic. We do not interfere, threaten, or coerce person in the exercise of their fair housing rights. We do not retaliate against persons who have asserted their rights or person who have assisted someone in asserting their rights.