

Rental Application

City, State, Zip Code:	:Email ad				dress:			
Date of Birth:	Social Security #							
Home Phone:	Wor	k Phone:		Bedroom Size Requ			juested: _	
Marital Status: single	married	ied divorced			separated			wido
Co-Applicant: Name:								
Current Address:								
City, State, Zip Code:								
Home Phone:	Social Security # Date of Birth:							
· · · · · · · · · · · · · · · · · · ·	500141 5004	11ty //		D	ate of Birth:			
Marital Status: single HOUSEHOLD COMPOSI List the Head of Household member to the	married ITION AND CHAR usehold and all other head.	ACTERIS members v	vorced TICS who will	l be livi	separated	e the	Rela	tions
Marital Status: single HOUSEHOLD COMPOSI List the Head of House	married ITION AND CHAR usehold and all other	di	vorced TICS	-	separated	e the	Rela	tions nt ich
Marital Status: single HOUSEHOLD COMPOSI List the Head of Household family member to the	married ITION AND CHAR usehold and all other head.	ACTERIS members v	vorced TICS who will	l be livi	separated	e the	Rela	tions nt ich
Marital Status: single HOUSEHOLD COMPOSI List the Head of Household family member to the	married ITION AND CHAR usehold and all other e head. Relationship	ACTERIS members v	vorced TICS who will	l be livi	separated	ve the	Rela tuder cle whapplies FT FT	tions tich PT PT
Marital Status: single IOUSEHOLD COMPOSI List the Head of Hou family member to the	married ITION AND CHAR usehold and all other e head. Relationship	ACTERIS members v	vorced TICS who will	l be livi	separated	/e the Scirce NO NO NO	Rela tuder cle wh applies FT FT FT	tions tt ich PT PT
Marital Status: single HOUSEHOLD COMPOSI List the Head of Household family member to the	married ITION AND CHAR usehold and all other e head. Relationship	ACTERIS members v	vorced TICS who will	l be livi	separated	ve the	Rela tuder cle whapplies FT FT	tions tich PT PT
Marital Status: single HOUSEHOLD COMPOSI List the Head of Household member to the	married ITION AND CHAR usehold and all other e head. Relationship	ACTERIS members v	vorced TICS who will	l be livi	separated	ve the Scirce NO NO NO NO	Rela tuder cle whapplies FT FT FT FT	tions tt ich FT PT PT



Revised 12/1/2024 - 1 -

INCOME INFORMATION

Please answer each of the fol	lowing questions. For each "	yes," provide details in the o	charts below.			
Does any member of your ho	ousehold:	-				
. Work Full time, part time, or seasonally(including Gig Income)						
2. Work for someone who pays him or her cash						
Expect a leave of absence from work due to lay off []Yes []No \$						
medical, maternity, or mil	itary leave.					
4. Now receive or expect to	receive unemployment benef	its[]Yes [].	No \$			
5. Now receive or expect to	receive child support	[]Yes []3	No \$			
6. Entitled to child support the	hat he/she is not now receiving	g[]Yes [].	No \$			
7. Now receive or expect to		[]Yes [].	No \$			
8. Have an entitlement to red	ceive alimony that is not					
9. Now receive or expect to r	eceive public assistance (TA)	NF)[]Yes [].	No \$			
10. Now receive or expect to	receive Social Security or dis	sability[]Yes []	No \$			
11. Now receive or expect to	receive income from a pension	on/annuity[]Yes [].	No \$			
	receive regular contributions					
organizations or individu	als not living in the unit	[]Yes []	No \$			
13. Receive income/dividend	s from assets including check	king, savings,				
certificates of deposit, st	ocks, bonds, rental property.	[]Yes []	No \$			
14. Own real estate or any as	set for which you receive inc	ome[]Yes []	No \$			
15. Now receive military pay						
	ministration benefits					
	n any source not mentioned a					
J /1 1 =						
Employment:						
Applicant:						
Check all applicable:	Employed full time	Employed part time	self – employed			
11	Non-employed	Unemployed	• •			
Current	1 1	1 1				
Employer	Positi	on	Date Hired			
Address		visor	Phone			
Current Wages: \$	per: hour	week month year (
Do you expect to earn substa						
J. I.	, , ,					
Co-Applicant:						
Check all applicable:	Employed full time	Employed part time	self – employed			
The same of the sa	Non-employed	Unemployed	post series			
Current		rJ ••-				
Employer	Positi	on	Date Hired			
Address	Super	visor	Phone			
Current Wages: \$						
Do you expect to earn substa						
20 you expect to carn substa		ii 50, now mach:				



Revised 12/1/2024 - 2 -

ASSET INFORMATION

Please answer each of the following questions.				
Do any household members have any of the following:	? If yes, ir	dicate the	e value.	
	1 3 .7 F	13.7	Ф	
Checking Account	_	_	\$	
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 or 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 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.



Revised 12/1/2024 - 3 -

RD and HUD PROPERTIES ONLY

T 7 7 7		ISES
н х	PHIN	
1//	יועים ד	כועיו כוו

□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	medica	l expenses do you expect to incur in the next twelve months?
If you	use the	e same pharmacy regularly, please provide the name and address:



- 4 -Revised 12/1/2024

OTHER INFORMATION: Driver's License #: Year: _____ License Plate #:____ Vehicle Model: _____ 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?...... 3. Have you or any household member been evicted from Federally Funded Housing for a lease violation including drug use or a crime? [] Yes [] No 4. Have you or any household member been convicted of a Felony or Misdemeanor? [] Yes [] No If yes, explain: 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 [] Yes [] No If yes, explain: ___ 9. Do you have any relatives that work for Community Housing Partners? [] Yes [] No If yes, explain: 10. Will you be bringing a pet? [] Yes [] No If yes, what type? Emergency Contact: Nearest Living Relative: ___ 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: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government, HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security numbers are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408(a) (6), (7) and (8). 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. _____ (Initial here) Resident's Acknowledgement:



Date:

Revised 12/1/2024 - 5 -

Co-Applicant:

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 Hispan	nic or Latino
2. Race:	American Indian/Alaska Native Native Hawaiian or Other Pacific Islan	Asian der	Black or African AmericanWhite
3. Gender:	Male Female		



Revised 12/1/2024 - 6 -

COMMUNITY HOUSING PARTNERS



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.