

Applicant:

Name:	Email:			
Current Address:				
			Work Phone:	
Home Phone:	Social Secu	rity #		
Date of Birth:	_Bedroom Size Reques	ted:	e-mail Address:	
Marital Status: single	married	divorced	separated	widow
<u>Co-Applicant:</u> Name:				
City, State, Zip Code:				
Home Phone:	Social Securi	ty #	Date of Birth:	
Marital Status: single	married	divorced	separatedwidow	

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	<u>Relationship</u>	<u>Birth</u> Date	Age	<u>Sex</u>	Social Security		Stude elect w applie	hich
	Head of Household					NO	FT	РТ
						NO	FT	РТ
						NO	FT	РТ
						NO	FT	РТ
						NO	FT	РТ
						NO	FT	РТ
						NO	FT	РТ

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 mut time on second live		
1. Work Full time, part time, or seasonally		
2. Work for someone who pays him or her ca		
3. Expect a leave of absence from work due t	o lay off	[]Yes []No \$
medical, maternity, or military leave.		
4.Now receive or expect to receive unemploy		
5. Now receive or expect to receive child sup		
6. Entitled to child support that he/she is not a		
7. Now receive or expect to receive alimony.		[]Yes []No \$
8. Have an entitlement to receive alimony that	at is not	
currently being received		
9. Now receive or expect to receive public ass	sistance (TANF)	[]Yes []No \$
10. Now receive or expect to receive Social S	ecurity 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 of		
organizations or individuals not living in		[]Yes []No \$
13. Receive income/dividends from assets inc		
certificates of deposit, stocks, bonds, rent	e e e	[]Yes []No \$
14. Own real estate or any asset for which you		
15. Now receive military pay		
16. Now receive workers compensation		
17. Now receive veterans administration bene		
18. Do you have income from any source not		
If yes, please explain:		
Employments		
Employment:		
Applicant:		
Check all applicable: Employed full time	Employed part time	self – employed
Non-employed Unemployed		
Current	D	
Employer	Position	Date Hired
Address	Supervisor	Phone
	hour week month year	(select one)
Do you expect to earn substantial overtime?() Yes () No If so, how much	
Co-Applicant:		e 1 1
Circle all applicable: Employed full time	Employed part time sel	f – employed
Non-employed Unemployed		
Current		
Employer	Position	Date Hired
Address	Supervisor	Phone

 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 (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: \Box Rent \Box Own \Box 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.



OTHER INFORMATION:

Driver's	License #: \$	State:	Expires:		
Vehicle	Model:	Year:	License Plate #:		
ADDIT	IONAL QUESTIONS:				
1.	Have you or any household member filed for	Bankruptcy?		[]Yes	[] No
2.	Have you or any household member been evi	cted from Tenancy?.		[]Yes	[] No
3.	Have you or any household member been evi				
	violation including drug use or a crime? If yes, when:			[]Yes	[] No
4.	If yes, when: Have you or any household member been cor If yes, explain:				[] No
5.	Are you or any household member subject to	lifetime sex offende	r registration	[]Yes	[] No
6.	Are you or any household member enlisted in				
7.	Are you or any household member currently	receiving housing as	sistance from HUD or a PHA	. []Yes	[] No
8.	Do you or any household member have any s If yes, explain:			[]Yes	[] No
9.	If yes, explain: Do you have any relatives that work for Com If yes, explain:	munity Housing Part	ners?	[]Yes	[] No
10.	Will you be bringing a pet? If yes, what type?			[]Yes	[] No
Emerge	ncy Contact:				
Nearest	Living Relative:				
	Name	Phone	Relat	ionship	
MARK	ETING INFORMATION:				
How die	d 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.

is made herein. If the application is approved, said deposit will be held as (partial/full) security for the performance of A deposit 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 :	
Revised 5/27/2021	- 4 -		



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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.