



COMMUNITY HOUSING PARTNERS

Rental Application

Applicant:

Name: _____ Email: _____

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>select 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 (select 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 (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:

Name and address of your Former Landlord:

Do you: Rent Own Other _____

Telephone No. _____

How Long Have You Lived There? _____

Reason for Leaving. _____

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 #: _____

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?..... [] Yes [] No
If yes, when: _____
- 4. Have you or any household member been convicted of a Felony or Misdemeanor? [] Yes [] No
If yes, explain: _____
- 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?.... [] 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: _____

Name	Phone	Relationship
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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.

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.