## RESIDENTIAL RENTAL PRE-APPLICATION

Completed pre-applications should be **submitted directly to the MANAGEMENT OFFICES of the HOUSING COMMUNITIES** being applied to (refer to the Dwelling Place Housing Fact Sheet for contact details). Apply to **ONE** community **PER** pre-application. Individual pre-applications are to be completed by each household member 18 years or older. Contact the management offices with property specific questions or if there are any changes to the information provided on this pre-application.

HOUSING COMMUNITY APPLYING FOR: (Specify the name of ONE housing community as described above)							
WHEN ARE YOU AVAILABLE TO MOVE?							
APARTMENT REQUIREMENTS							
Type of Residence:	y/studio	□ 1 bedroon	n 🗆 2 bedro	oms 🗆 3 be	edrooms		
Do you require barrier-free, hearing	, and/or vi	isually impa	ired accomm	odations?	□ Yes □ No		
Do you have a pet? □ Yes □ No							
APPLICANT INFORMATION							
Last Name	First Nam	First Name		Middle Name			
Address	'dress		City		Zip Code		
Mailing Address (if different from above)		City		State	Zip Code		
Phone Number(s)		Email Addı	Email Address				
Date of Birth / / /	<u>-</u>	Last 4 digi	ts SSN XXX	- XX			
Current Landlord's Name			Address				
Phone Number Length of		of Stay	of Stay		Rent Amount		
HOUSEHOLD INFORMATION: Compl	lete the infor	rmation below	for <b>ALL</b> persons	to occupy the	residence. Include income		

for all persons to occupy the residence. Types of income include wages, social security, pensions, etc. Full Legal Name Relationship **Full Time Student** Date of Birth Total Gross Income (circle one) Weekly Head of Yes / No Monthly Household Yearly Weekly Yes / No Monthly Yearly

MISCELLANEOUS INFORM	ATION						
Are you or a member of your household listed on a sex offender registry?							
Do you have any rental ass	□ Yes □ No						
If yes, name subsidy pro							
Do you have a legal guardian		pre-application and	l provide their	name, contact inf	□ Yes □ No ormation, and court order.		
	Name			Phone Number	Phone Number		
EMERGENCY CONTACT	Address		Relationship	nship			
CASEWORKER (if applicable)	Name and C	Company/Organizati		Phone Number			
HOW DID YOU HEAR ABOUT THE COMMUNITY?							
VOLUNTARY INFORMATIO	N						
RACE/ETHNICITY FOR HEAI	O OF HOUSE	HOLD (Choose	all that app	oly):			
□ Caucasian □ African American □ American Indian □ Asian □ Hispanic □ Pacific Islander □ Multi □ Other							
GENDER:							
□ Male □ Female □ Non-B	inary or Third	d Gender 🛮 Prefe	r to self-des	cribe			
SIGNATURE							
I CERTIFY THAT I AM NOT RENTING A NUMBER OTHER THAN THAT WHICH I UNDERSTAND THAT THE ABOVE INFOFVERIFY ALL INFORMATION PROVIDED CREDIT, AND/OR CRIMINAL HISTORY AGENCIES. I CERTIFY THAT THE STAT BELIEF. I UNDERSTAND THAT ANY OM PUNISHABLE UNDER FEDERAL LAW. I APPLYING TO MAKE ANY NECESSARY COMMENTS	HAS BEEN LISTER MATION IS BEIN ON THIS APPLIC VERIFICATION IN EMENTS MADE IN ISSION, MISREPF UNDERSTAND TH	D. I CERTIFY THAT THE G COLLECTED TO DE CATION AND TO CONT IN THIS APPLICATION A RESENTATION OR FALS HAT IT IS MY RESPONS	E APARTMENT/HITERMINE MY EL ACT PREVIOUS IAY BE RELEASE RE TRUE AND C E INFORMATION IBILITY TO CON	OME WILL BE MY/OU LIGIBILITY. I AUTHOR OR CURRENT LANDR D TO APPROPRIATE COMPLETE TO THE BE N WILL BE CAUSE FO	R ONLY RESIDENCE IF ACCEPTED. I RIZE THE OWNER/ MANAGEMENT TO LORDS OR OTHER SOURCES FOR FEDERAL, STATE, OR LOCAL IST OF MY/OUR KNOWLEDGE AND R REJECTION AND ARE ALSO		
APPLICANT SIGNATURE DATE							
STAFF USE ONLY: If the foll indicate to you if it needs to be f					applying for, a staff member will		
Full Legal Name	US Citizen	Race/Ethnicity	Gender	Social Security	# Veteran (circle one)		
					Yes/No		
					Yes/No		
					Yes/No		
					Yes/No		
	•		•				



This institution is an equal opportunity provider. For general questions, contact the Dwelling Place Main Office. Telephone: 616-454-0928, 888-454-0928, TDD: 7-1-1

www.dwellingplacegr.org

STAFF USE ONLY
INITIALS
DATE
TIME