



Rental Application

Tel (512) 479-6275 Fax (512) 478-9949 Email yolanda@guadalupe.org

To be filled out by GNDC office

Date Received:

Household Size:

Personal Information

NAME		DATE	
PRESENT ADDRESS			
CITY	STATE	ZIPCODE	
HOME PHONE	WORK PHONE	CELL PHONE	
EMAIL ADDRESS		DRIVERS LICENSE NUMBER	
SOCIAL SECURITY NUMBER			

Have you ever lived in the 78702 or 78721 postal zip code area? More specifically, do you live in, or have family living in, the area south of East 11th Street, east of Interstate 35, west of Route 183, and north of Town Lake? Yes No

Emergency Contact

NAME	PHONE NUMBER
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Rental History

NAME OF OWNER/MANAGER OF YOUR CURRENT HOME	PHONE NUMBER	
ADDRESS OF OWNER/MANAGER		
CITY	STATE	ZIPCODE
AMOUNT OF YOUR RENT PAYMENT	HOW LONG HAVE YOU LIVED THERE?	

Do you receive any subsidy benefits such as Section 8 Housing? Yes No

PREVIOUS ADDRESS		
CITY	STATE	ZIPCODE
NAME OF OWNER/MANAGER	PHONE NUMBER	
AMOUNT OF YOUR RENT PAYMENT	HOW LONG HAVE YOU LIVED THERE?	

Did you receive any subsidy benefits such as Section 8 Housing? Yes No



Household Information

Please list yourself and each member of your household.

NAME	RELATIONSHIP	AGE	DATE OF BIRTH	SOURCE OF INCOME	MONTHLY INCOME
NAME	RELATIONSHIP	AGE	DATE OF BIRTH	SOURCE OF INCOME	MONTHLY INCOME
NAME	RELATIONSHIP	AGE	DATE OF BIRTH	SOURCE OF INCOME	MONTHLY INCOME
NAME	RELATIONSHIP	AGE	DATE OF BIRTH	SOURCE OF INCOME	MONTHLY INCOME
NAME	RELATIONSHIP	AGE	DATE OF BIRTH	SOURCE OF INCOME	MONTHLY INCOME
NAME	RELATIONSHIP	AGE	DATE OF BIRTH	SOURCE OF INCOME	MONTHLY INCOME
NAME	RELATIONSHIP	AGE	DATE OF BIRTH	SOURCE OF INCOME	MONTHLY INCOME

Please list the employment for each working household member.

NAME	EMPLOYER'S NAME	LENGTH OF EMPLOYMENT
EMPLOYER'S ADDRESS	CITY	STATE
EMPLOYER'S ADDRESS	CITY	STATE
NAME	EMPLOYER'S NAME	LENGTH OF EMPLOYMENT
EMPLOYER'S ADDRESS	CITY	STATE
NAME	EMPLOYER'S NAME	LENGTH OF EMPLOYMENT
EMPLOYER'S ADDRESS	CITY	STATE

Please list the make, model, year and license plate number of all cars belonging to household members.

MAKE AND MODEL	YEAR	LICENSE PLATE NUMBER
MAKE AND MODEL	YEAR	LICENSE PLATE NUMBER
MAKE AND MODEL	YEAR	LICENSE PLATE NUMBER

Are there any handicapped members of your household? Yes No

If yes, please describe _____

Do you have any pets? Yes No If so, what kind? _____

Have you ever been **evicted**? Yes* No ***If yes, please attach a written explanation**

Have you ever been convicted of a **felony**? Yes* No ***If yes, please attach a written explanation**



Financial Information

Please provide a copy of your household's most current Federal Income Tax return (1040).

YOUR APPLICATION WILL NOT BE ACCEPTED WITHOUT A COPY OF A CURRENT TAX RETURN.

Please check & complete the following financial information:

Do you have a checking account? Yes No Amount of funds _____

Do you have a savings account? Yes No Amount of funds _____

Do you own stocks or bonds? Yes No Value _____

Do you own life insurance? Yes No Face value _____

Do you own real property or is property listed under your name? Yes* No

*If yes, please give property description or address

I declare that the statements and information given above are true and correct, and I hereby authorize verification of references given and will provide a copy of my credit report and criminal background check if needed. **I understand it is my responsibility to keep a copy of this application for my records and I understand that my application will be kept on file for five (5) years from the date received by GNDC, provided my telephone numbers are correct and working. I also understand that GNDC office will contact me only by telephone.**

Signature _____ Co-Applicant _____

Please do not write in this section. For GNDC office use only.

Date completed application received _____ Copy of Tax Return? Yes No

Landlord check _____ Criminal Background? Yes No

Employment check _____ This application was reviewed _____

Application History





Rental Application Attachment A

We would like to determine if you are related to any of the GNDC Board Members or Staff listed below.

Please mark an "x" for "Yes", "No" or "Not Sure" beside each name. If you mark "Yes", briefly say how you are related to them (for example, "brother", "sister", "uncle", "cousin").

GNDC Board of Directors

Joseph Martinez	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Sure	If yes, how? _____
Michael Guajardo	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Sure	If yes, how? _____
Jesse Hernandez	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Sure	If yes, how? _____
Olivia Montez	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Sure	If yes, how? _____
Candace Fox	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Sure	If yes, how? _____
Victoria Alvarez	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Sure	If yes, how? _____
Marla Torrado	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Sure	If yes, how? _____
Bino Cadenas	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Sure	If yes, how? _____

GNDC Staff

Mark Rogers	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Sure	If yes, how? _____
Yolanda Aleman-Limon	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Sure	If yes, how? _____
Rachel Stone	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Sure	If yes, how? _____
Linda Rodriguez	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Sure	If yes, how? _____

Applicant Signature _____

Date _____