

RENTAL APPLICATION

CPT002 (04/2016)

Date Received:
Time Received:
FHDC employee initials:

Property Name (full legal name): _____
Property Address: _____
Phone #: _____ **Fax#:** _____
 Bedroom Sizes: 1 BD 2 BD 3 BD 4 BD Other _____

Applicant Name: _____
Current Address: _____
City/State/Zip Code: _____

Phone Number	Message Number	Alternative Number
()	()	()

Household Composition

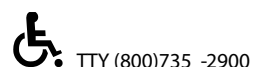
Name	Age	Relation to Head of House	Date of Birth	M/F	Social Security # <small>This is not required to place your application</small>
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					

Do you anticipate any changes to your household size in the next 12 months? Yes No
 If you answered YES (Explain) _____

Rental History (prior 3 years)

Current Address			
(Street Address)		(City)	(State)
(Zip)			
(Move-In Date)	(Move-Out Date)	(Landlord Name)	(Landlord Phone)
(Monthly Rent) \$ _____	(Reason for Leaving)		
Previous Address			
(Street Address)		(City)	(State)
(Zip)			
(Move-In Date)	(Move-Out Date)	(Landlord Name)	(Landlord Phone)
(Monthly Rent) \$ _____	(Reason for Leaving)		
Previous Address			
(Street Address)		(City)	(State)
(Zip)			
(Move-In Date)	(Move-Out Date)	(Landlord Name)	(Landlord Phone)
(Monthly Rent) \$ _____	(Reason for Leaving)		

PLEASE COMPLETE BACK SIDE



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Unit Size Required

	1-3 Persons	1 Bedroom
	2-5 Persons	2 Bedrooms
	4-7 Persons	3 Bedrooms
	8-9 Persons	4 Bedrooms

(What is your housing situation)

- | | |
|---|--|
| <input checked="" type="checkbox"/> Homeless | <input checked="" type="checkbox"/> Recovering from Abuse |
| <input checked="" type="checkbox"/> Living w/another family | <input checked="" type="checkbox"/> Recovering from Domestic Violence |
| <input checked="" type="checkbox"/> Living in a Labor Camp | <input checked="" type="checkbox"/> Paying HIGH Rent (amount) \$ _____ |

Total Income of all Household Members:

SOURCES OF INCOME INCULDE BUT NOT LIMITED TO: Welfare, Social Security, SSI, Pension, Disability, Compensation, Unemployment, Interest, Child Care, Caretaking, Alimony, Child Support, Annuities Dividends, Income from Real Property, Armed Forces Reserves, Scholarships and/or Grants, Wages form odd jobs including seasonal jobs.						
Name	Wages/ Salary	Other Sources Anticipated temporary jobs	\$\$\$\$ Annual X	\$\$\$\$ Monthly X	Number of Months on the job	Name of Employer
1.	\$	\$				
2.	\$	\$				
3.	\$	\$				
4.	\$	\$				
Total: \$						

1. Have you or any member of your household previously rented from _____?
 NO YES, please indicate the month/year. _____
2. Have you or any member of your household ever been evicted?
 NO YES, please explain? _____
3. Do you or a member of your household require a Handicap unit?
 NO
 YES, (If yes what features or auxiliary aids do you require) _____
4. Have you ever been evicted?
 NO YES, please explain? _____
5. Have you or any person who will occupy the unit ever been convicted, plead guilty, no-contest or have current pending charges to any felony or misdemeanor?
 NO YES, please explain? _____
6. Are you or any person who will occupy the unit a registered sex offender?
 NO YES, If Yes, Date and location of registration: _____
7. **Information on Assets such as:** Checking/Savings Account, including Real Property, Stocks, Bond.
 NO, assets in or outside of US YES, I do have assets **Exceeding** \$5,000
 I do have Assets **LESS** than \$5,000, the amount that I have is \$ _____
8. DO you or a member of your household require a disability adjustment to your income?
 NO YES (Disability must be verified)
Number of Dependents: _____
IS Head of household or spouse 62 or over? NO YES
If yes, do you receive social security benefits? NO YES \$ _____
9. DO you or a member of your household require a childcare adjustment to your income?
 NO YES (must be verified)
Number of Dependents: _____
If yes, please indicate the amount? \$ _____

GOOD FAITH ESTIMATE

Approximate number of units currently available or which will in the foreseeable future be available, of the size and in the area requested by applicant: ____ unit(s).
 Approximate number of applications previously accepted and currently under consideration for those units: ____ application(s). If the blanks are not filled in, then there is at least one unit available and there are no applications ahead of yours currently under consideration.

____ (Applicant's initial) I certify that the above information is correct and complete and hereby authorize you to do a credit check and make any inquiries you feel necessary to evaluate my tenancy and credit standing. I understand that giving incomplete or false information is grounds for rejection of this application. If any information supplied on this application is later found to be false, this is grounds for termination of tenancy. Owner/Agent has charged a screening charge as set forth above. Applicant screening entails the checking of the applicant's credit, rental history, employment history, public records and other criteria for residency. The applicant has the right to dispute the accuracy of any information provided to the owner/agent by the screening service or credit reporting agency. Applicant's copy of this signed application and / or email verification shall be the receipt for the screening charge. The screening service is Pacific Screening Inc., P.O. Box 25582, Portland, OR 97298 (800) 707-1941. If the applicant is approved, applicants will have 72 hours from the time of notification to both execute a rental agreement and make all deposits required there under or make a deposit to execute a rental agreement which will provide for the forfeiture of the deposit if applicants fail to execute the rental agreement. If applicants fail to timely take the steps required above, they will be deemed to have refused the unit and the next application for the unit will be processed. Owner /Agent shall have no liability to applicant until such time as a rental agreement is signed by both parties. Applicant acknowledges receipt of a copy of the Criteria for Residency. The information contained in this application is true and complete.



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THE FOLLOWING INFORMATION IS SUBJECT TO CHANGE PRIOR TO EXECUTION OF THE RENTAL		AGREEMENT
RENT	DEPOSITS	FEES
<p>THE FOLLOWING ARE MAXIMUM AMOUNTS. THE ACTUAL AMOUNT CHARGED WILL DEPEND ON UNIT SIZE, SCREENING RESULTS, AND OTHER FACTORS.</p> <p>UNIT RENT \$ _____</p> <p>_____ \$ _____</p> <p>_____ \$ _____</p> <p>_____ \$ _____</p> <p>_____ \$ _____</p>	<p>SECURITY DEPOSIT MINIMUM \$ _____</p>	<p>LATE RENT PAYMENT FEE \$ _____</p> <p>LEASE BREAK FEE (NOT TO EXCEED 1.5 X RENT) \$ 1.5 X RENT</p> <p>NSF CHECK FEE OF \$25.00 + BANK CHARGES</p> <p>SMOKE ALARM / CARBON MONOXIDE ALARM TAMPERING FEE \$250.00</p> <p>LOST KEY, ACCESS CARD, PARKING TAG FEE \$ _____</p> <p>NON COMPLIANCE FEE (NOT TO EXCEED \$50.00)</p> <p>1. LATE PAYMENT OF UTILITY \$50.00</p> <p>2. FAILURE TO CLEAN PET AND ASSISTANCE ANIMAL WASTE \$50.00</p> <p>3. FAILURE TO CLEAN GARBAGE/RUBBISH \$50.00</p> <p>4. PARKING VIOLATIONS / IMPROPER USE OF VEHICLES \$50.00</p>
	<p>SECURITY DEPOSIT MAXIMUM \$ _____</p> <p>(DEPENDS ON SCREENING RESULTS AND UNIT SIZE)</p>	
	<p>PET \$ _____</p>	
	<p>GARAGE / STORAGE \$ _____</p>	
	<p>OTHER _____ \$ _____</p>	
<p>APPLICANT'S INITIALS _____</p>	<p>APPLICANT SCREENING CHARGE \$45.00</p>	

Applicant

Date

Agent for Owner

Date

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.

<u>ETHNICITY</u>	<u>RACE</u>	<u>GENDER</u>
Hispanic or Latino	American Indian/Alaska Native	Male
Not Hispanic or Latino	Asian Black or African American	Female
	Native Hawaiian or Other Pacific islander	
	White	

OFFICE USE ONLY			
LOPE (RD)	Full Time Student	SSI	
Sec. 8 voucher	Child Support	Public Assistance AFS	
Assets	Disability	Non-Wage Income	
1 st notice/letter sent on: _____		Appointment Schedule for:	
2 nd notice/letter sent on: _____			
Final notice/letter sent on: _____			
NOTICE/LETTERS ISSUED BY:			
<u>HOUSEHOLD INCOME LEVEL</u>			
Very Low Low Moderate			

COMMENTS: _____

