

Verified Driver's License or State ID <input type="checkbox"/> YES <input type="checkbox"/> NO
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Date Received:
Time Received:
EVOLVE 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)

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)		
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

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)

- Homeless Recovering from Abuse
 Living w/another family Recovering from Domestic Violence
 Living in a Labor Camp Paying HIGH Rent (amount)

\$ _____

Total Income of all Household Members:

SOURCES OF INCOME INCLUDE 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 from 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: \$

- Have you or any member of your household previously rented from _____?
 NO YES, please indicate the month/year. _____
- Have you or any member of your household ever been evicted?
 NO YES, please explain? _____
- Do you or a member of your household require a Handicap unit?
 NO
 YES, (If yes what features or auxiliary aids do you require) _____
- 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? _____
- Are you or any person who will occupy the unit a registered sex offender?
 NO YES, If Yes, Date and location of registration: _____
- 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 \$ _____
- 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 \$ _____
- 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? \$ _____

_____ **Applicant Initials:** I certify that if I receive any apartment at Evolve Workforce & Multifamily Housing, it will be my permanent residence and I do not maintain nor in the future will maintain any other government subsidized residence at the same time as I am living at any of Evolve Workforce & Multifamily Housing.

_____ **Applicant Initials:** I certify that the unit will serve as the household's primary residence.

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.

THE FOLLOWING INFORMATION IS SUBJECT TO CHANGE PRIOR TO EXECUTION OF THE RENTAL AGREEMENT

RENT	DEPOSITS	FEES
THE FOLLOWING ARE MAXIMUM AMOUNTS. THE ACTUAL AMOUNT CHARGED WILL DEPEND ON UNIT SIZE, SCREENING RESULTS, AND OTHER FACTORS. UNIT RENT \$ _____ _____ \$ _____ _____ \$ _____ _____ \$ _____ _____ \$ _____	SECURITY DEPOSIT MINIMUM \$ _____ SECURITY DEPOSIT MAXIMUM \$ _____ (DEPENDS ON SCREENING RESULTS AND UNIT SIZE) PET \$ _____ GARAGE / STORAGE \$ _____ OTHER _____ \$ _____	LATE RENT PAYMENT FEE \$ _____ LEASE BREAK FEE (NOT TO EXCEED 1.5 X RENT) \$ 1.5 X RENT NSF CHECK FEE OF \$25.00 + BANK CHARGES SMOKE ALARM / CARBON MONOXIDE ALARM TAMPERING FEE \$250.00 LOST KEY, ACCESS CARD, PARKING TAG FEE \$ _____ NON COMPLIANCE FEE (NOT TO EXCEED \$50.00) 1. LATE PAYMENT OF UTILITY \$50.00 2. FAILURE TO CLEAN PET AND ASSISTANCE ANIMAL WASTE \$50.00 3. FAILURE TO CLEAN GARBAGE/RUBBISH \$50.00 4. PARKING VIOLATIONS / IMPROPER USE OF VEHICLES \$50.00
APPLICANT'S INITIALS _____	APPLICANT SCREENING CHARGE \$40.00	

 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.

ETHNICITY	RACE	GENDER
<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	<input type="checkbox"/> Male <input type="checkbox"/> Female

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

COMMENTS: _____
