



RENTAL APPLICATION CHECKLIST

Please note: The application will not be accepted with incomplete information and missing documentation. All documents requested must be provided.

Name: _____ **Date & Time:** _____

| Applicant(s) should bring to the Rental Screening Appointment: | | CHAD Staff Only |
|---|--|------------------------|
| 1. | Completed application – All information must be filled in on the application. If a section does not apply, please indicate not applicable. | |
| 2. | Landlord contact information for both current & previous landlord | |
| 3. | \$25.00 non-refundable Money Order for each adult occupant 18 and over. | |
| 4. | Valid US Government issued ID (Driver’s License, State I.D, U.S. Passport) No copies accepted. | |
| 5. | Social Security Card for each adult leaseholder/occupant 18 years of age or older. No copies accepted. | |
| 6. | Birth Certificates for children under 18 years of age living in the home. | |
| 7. | Guardianship papers (if applicable). | |
| 8. | Paystubs for the last 90 days of each adult occupant. | |
| 9. | If receiving unemployment benefits, provide award letter with eligible period and amount. Benefits must have a duration period that will satisfy at least a one year lease term. | |
| 10. | Last 3 months of statements for checking and/or saving accounts of each adult occupant. | |
| 11. | If applicable, current year award letter for Social Security and/or Pension Payments. | |
| 12. | If applicable, court ordered Child Support document or agreed notarized letter from secondary parent and proof of payments deposited into a checking account. | |
| 13. | If receiving regular weekly/monthly gift payments, a notarized letter is required along with proof of payments deposited into a checking account. | |
| 14. | If applicable, Housing Choice Voucher Move-In Packet. | |
| 15. | If applicable, Housing Choice Voucher Tenant Information Sheet. | |
| 16. | Other sources of income documentation. | |
| 17. | If applicable, proof of rabies, vaccination shots for dog or cat, and picture of the pet. A \$200 pet fee will be required prior to move-in. | |
| BELOW THIS POINT IS FOR CHAD STAFF ONLY | | |
| Date Requested/ Completed | | |
| | Rental Application Summary Form | |
| | Request/Print the criminal background for all adult occupants: | |
| | Request/Print the credit history for all adult occupants: | |
| | Request the Current landlord verification | |
| | Received the Current landlord verification | |
| | Request the Previous landlord verification: | |
| | Received the Previous landlord verification: | |
| | Request employment verification(s) for: | |
| | Received employment verification(s) for: | |
| | HCV Move-In Packet received (if applicable) | |
| | HCV Tenant Information sheet received (if applicable) | |
| | Additional documents: | |





RENTAL APPLICATION

For Office Use Only

Date & Time Completed Application Verified: _____ Application #: _____

Please Circle Marketing Source: Craigslist - For Rent Sign - CHAD Website - Car Signage
Please Circle Agency Referral or Person Referral Name: _____
Please Circle Preferred Language: English Spanish Polish Gujarati Urdu Chinese
 Other: _____

Applying for: ___ Studio ___ 1BR ___ 2BR ___ 3BR ___ 4BR

Requested Move In Date: _____

| Yes | No | |
|-----|----|---|
| | | Are all the leaseholders at least 18 years or older? |
| | | Are you able to regularly pay the rent? |
| | | Do you confirm that all leaseholders have no more than between \$0-\$10,000 in collections? |
| | | Do you confirm that all leaseholders have <u>NOT</u> filed bankruptcy or the bankruptcy was discharged more than one year ago? |
| | | Do you confirm that you & all your occupants have <u>NOT</u> in the last 10 years been convicted of a felony crime involving violence, major drugs, or sexual offenses? |

If you checked “no” to any of the above questions you do not qualify for renting with CHAD.

OCCUPANT INFORMATION

List each person who would live with you (including yourself). Correct legal names and Social Security Numbers and/or ITINs must be used.

| Last Name | First Name | MI | Birth Date | Social Security # | Relation |
|-----------|------------|----|------------|-------------------|----------|
| | | | | | |
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| Yes | No | Household Information... |
|-----|----|---|
| | | 1. Does anyone live with you now who is not listed above? If yes, please explain why this person will not be living with you: |
| | | 2. Do you expect any additions to the household within the next 12 months? If yes, please list name and relationship: |
| | | 3. Do you have full custody of your children? Explanation of custody arrangements: |
| | | 4. Do you currently live with a relative or friend? If yes, whom: |
| | | 5. Is your name on the lease where you currently live? |
| | | 6. Will this unit be your only place of residence? If no, please explain: |
| | | 7. Are you receiving Rental Assistance? If yes, include kind and source: |
| | | 8. Has your Rental Assistance ever been terminated for fraud, non-payment of rent, or failure to certify? If yes, please explain: |
| | | 9. Have any leaseholder ever filed for bankruptcy? If yes, month/year filed: _____ If it was dismissed when? |
| | | 10. Have any leaseholders and/or occupant ever been convicted of a felony? If yes, please explain: |
| | | 11. Have any leaseholders ever been evicted from tenancy for any reason? If yes, please explain: |

| CURRENT ADDRESS & CONTACT INFORMATION | |
|--|--|
| Your Current Address | |
| City, State, Zip | |
| Home Phone | |
| Cell Phone | |
| Email | |

| CURRENT LANDLORD INFORMATION | |
|-------------------------------------|--|
| Current Land Lord Name | |
| Address | |
| Unit # | |
| City, State, Zip | |
| Landlord Phone and Fax Number | |
| Monthly Rent | |
| Dates of Tenancy | |
| Reason For Leaving | |





| PREVIOUS LANDLORD INFORMATION | |
|--------------------------------------|--|
| Previous Land Lord Name | |
| Address | |
| Unit # | |
| City, State, Zip | |
| Landlord Phone and Fax Number | |
| Monthly Rent | |
| Dates of Tenancy | |
| Reason For Leaving | |

VEHICLE IDENTIFICATION:

Please list information for all vehicles owned by any household member.

| License Plate # | State Issued | Make | Model | Year |
|-----------------|--------------|------|-------|------|
| | | | | |
| | | | | |
| | | | | |

Driver's License #: _____ Name: _____
 Driver's License #: _____ Name: _____

EMERGENCY CONTACTS

Name and address - if possible, list someone in the area not already listed on this application.

| Name | Address, Town, State, Zip | Phone | Relation |
|------|---------------------------|-------|----------|
| | | | |
| | | | |





INCOME INFORMATION

Please include all anticipated income for the next twelve months.
 Include the **MONTHLY GROSS** dollar amount in the space provided.

| | | |
|--------------------|----|---|
| Yes | No | Do You or a household member 18 years old or older receive OR expect to receive income from: |
| | | Employment wages or salaries? <i>(Include overtime, tips, bonuses, commissions and payments received in cash)</i> |
| EMPLOYER 1: | | |
| Applicant Name | | |
| Employer's Name | | |
| Address | | |
| Town, Zip | | |
| Phone | | |
| Fax | | |
| Job Title | | |
| Hrs Per Week | | |
| Hourly Wage | | |
| Years Employed | | |
| EMPLOYER 2: | | |
| Applicant Name | | |
| Employer's Name | | |
| Address | | |
| Town, Zip | | |
| Phone | | |
| Fax | | |
| Job Title | | |
| Hrs Per Week | | |
| Hourly Wage | | |
| Years Employed | | |

Please note additional employment information on the reverse side of this page.





INCOME INFORMATION CONTINUES

| Yes | No | Do YOU receive OR expect to receive income/assistance from: |
|-----|----|--|
| | | 2. Self Employed? |
| | | 3. Unemployment benefits or Workman’s compensation? |
| | | 4. Public Assistance, General Relief or Aid to Families with Dependent Children, Housing Choice Voucher (formerly Section 8), Rental Housing Support? |
| | | 5. Child Support or Alimony? (<i>Any AWARDED amount – collected or uncollected</i>) |
| | | 6. Social Security, SSI or any Veteran’s pension or disability benefits? |
| | | 7. Severance payments or Settlements? (<i>such as insured settlement</i>) |
| | | 8. Disability, death benefits or life insurance dividends? |
| | | 9. Regular gifts or payments from anyone outside of the household? (<i>This includes anyone supplementing your income or paying any of your bills</i>) |
| | | 10. Educational grants, scholarships or other student benefits? |
| | | 11. Lottery winnings or inheritances? |
| | | 12. Payments from rental property, land contracts or other forms of real estate? |
| | | 13. Any other income sources or types not listed? |
| | | 14. Are you participating in a program that will be paying your rent? |

If you answered Yes to any of the above please provide details below.

| Source | Monthly Amount |
|--------|----------------|
| | |
| | |
| | |
| | |

ASSET INFORMATION:

| Yes | No | Do YOU have... |
|-----|----|--|
| | | 1. Checking or savings accounts? |
| | | 2. CD’s money market accounts or treasury bills? |
| | | 3. Stocks, bonds, securities or trust funds? |
| | | 4. Pensions, IRAs, KEOGH or other retirement accounts? |
| | | 5. Cash on hand over \$500 or a safe deposit box? |
| | | 6. Real estate, rental property, land/contracts for deeds or other real estate holdings? (<i>This includes your personal residence, vacant land, farms, vacation homes or commercial property</i>) |
| | | 7. Personal property as an investment? (<i>This includes paintings, coin or stamp collections, artwork, collector or show cars and antiques</i>) |
| | | 8. Have you given away any assets for LESS than fair market value within the past 2 years? |

If you answered Yes to any of the above please provide details below.

| Source | Monthly Amount |
|--------|----------------|
| | |
| | |





| Yes | No | STUDENT INFORMATION |
|---|----|--|
| | | Is any leaseholder a full-time student currently or planning to be in the next 12 months? |
| IF YES, STUDENT MUST CONTINUE WITH THE FOLLOWING QUESTIONS: <i>(You will need to provide verification of all items you answered YES.)</i> | | |
| | | a. Are you married <u>and</u> currently filing a joint tax return? |
| | | b. Are you receiving AFDC (Aid to Families with Dependent Children)? |
| | | c. Are you enrolled in the Job Training Partnership Act (JTPA) or another similar local, county or state program? |
| | | d. Are you a single parent with minor child(ren) and neither you nor the minor child(ren) are dependent on anyone else's tax return? |

| Yes | No | HOUSING CHOICE VOUCHER (Formerly Section 8): |
|------------------------------|----|---|
| | | Will you be receiving HCV rental assistance at time of move-in? |
| If Yes, Case Manager's Name: | | |
| Case Manager's Phone: | | |
| Case Manager's Email: | | |

| Yes | No | PETS \$200.00 Pet Fee. Only One cat or dog less than 30 pounds. |
|-------------------|----|--|
| | | Do you have any pets? |
| If Yes, how many? | | |
| What kind? | | |



ZERO INCOME CERTIFICATION

This form should only be completed if you or someone in your household 18 years old or older has a zero income and does not receive any financial assistance from any sources.

I, _____, do hereby swear and affirm that I do not have any income. This includes but is not limited to income from any of the following sources:

- Wages from employment (including commissions, tips, bonuses, fees, etc.)
- Income from operation of a personal business
- Social Security, SSI, Pension, Disability, Worker's Compensation Benefits, Unemployment Benefits, Child Support, Alimony, Welfare/General Assistance
- Pensions, Annuities, Retirement Funds, Inheritances, Whole Life Insurance, Survivor Benefits
- Savings Bonds, Stocks/Bonds
- Interest income from Savings, Checking, IRAs, Certificates of Deposit, Money/Market Funds
- Real Estate/Property Burial Plots
- Periodic allowance such as gifts received from persons not living in the household
- Sales from self-employed resources
- Any other income not named above
- I currently have no income of any kind and there is no imminent change expected in my financial status or employment status during the next 12 months.

I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

Signature of Applicant/Tenant

Printed Name of Applicant/Tenant

Date





This section has no bearing on rental decisions.

| Mono-racial: | <i>Choose one column only</i> Household or Persons | |
|---|--|--|
| Race: White | | |
| <i>Ethnicity: Hispanic / Latino</i> | | |
| <i>Ethnicity: Not Hispanic / Latino</i> | | |
| Race: Black / African American | | |
| <i>Ethnicity: Hispanic / Latino</i> | | |
| <i>Ethnicity: Not Hispanic / Latino</i> | | |
| Race: Asian | | |
| <i>Ethnicity: Hispanic / Latino</i> | | |
| <i>Ethnicity: Not Hispanic / Latino</i> | | |
| Race: American Indian / Alaskan Native | | |
| <i>Ethnicity: Hispanic / Latino</i> | | |
| <i>Ethnicity: Not Hispanic / Latino</i> | | |
| Race: Native Hawaiian / Other Pacific Islander | | |
| <i>Ethnicity: Hispanic / Latino</i> | | |
| <i>Ethnicity: Not Hispanic / Latino</i> | | |

Bi-racial and Multi-racial:

| | | |
|--|--|--|
| Race: Asian and White | | |
| <i>Ethnicity: Hispanic / Latino</i> | | |
| <i>Ethnicity: Not Hispanic / Latino</i> | | |
| Race: Black / African American and White | | |
| <i>Ethnicity: Hispanic / Latino</i> | | |
| <i>Ethnicity: Not Hispanic / Latino</i> | | |
| Race: American Indian/ Alaska native and Black / African American | | |
| <i>Ethnicity: Hispanic / Latino</i> | | |
| <i>Ethnicity: Not Hispanic / Latino</i> | | |
| Race: Other Multi-racial | | |
| <i>Ethnicity: Hispanic / Latino</i> | | |
| <i>Ethnicity: Not Hispanic / Latino</i> | | |



To be signed by all members of the household who are 18 years old or older:

Rental Application Signature Page And Authorization for Release of Information

All questions that were answered YES will be verified through the appropriate source. It will be your responsibility to provide management with all necessary information to properly process your application and verify your eligibility. This will include names, address, phone and fax numbers, account numbers where applicable and any other information required to expedite this process.

I understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may result in criminal penalties.

I authorize my consent to have management verify the information contained in this application for purposes of proving my eligibility for occupancy. I will provide all necessary information and expedite this process in any way possible. I understand that my occupancy is contingent on meeting management's resident selection criteria and the affordable housing requirements.

I certify that all information and answers to the above questions are true and complete to the best of my knowledge. In connection with this application authorize all corporations, companies, credit agencies, educational institutions, financial institutions, law enforcement agencies, military services, current or former landlords, and/or parties deemed necessary to this application to release information they may have about me to Community Housing Advocacy & Development and release them from any liability or responsibility for doing so; further, I authorize procurement of investigative consumer report and understand that such a report may contain information about my background, character, and personal reputation and that further information may be made available upon written request within a reasonable period of time.

The above information, to the best of my knowledge, is true and correct.

Date

Print Full Name

Social Security Number

Signature





To be signed by all members of the household who are 18 years old or older:

Rental Application Signature Page And Authorization for Release of Information

All questions that were answered YES will be verified through the appropriate source. It will be your responsibility to provide management with all necessary information to properly process your application and verify your eligibility. This will include names, address, phone and fax numbers, account numbers where applicable and any other information required to expedite this process.

I understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may result in criminal penalties.

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I certify that all information and answers to the above questions are true and complete to the best of my knowledge. In connection with this application authorize all corporations, companies, credit agencies, educational institutions, financial institutions, law enforcement agencies, military services, current or former landlords, and/or parties deemed necessary to this application to release information they may have about me to Community Housing Advocacy & Development and release them from any liability or responsibility for doing so; further, I authorize procurement of investigative consumer report and understand that such a report may contain information about my background, character, and personal reputation and that further information may be made available upon written request within a reasonable period of time.

The above information, to the best of my knowledge, is true and correct.

Date

Print Full Name

Social Security Number

Signature

