

A&B Properties Rental Application

Date: _____

Applicant Name _____ Sex _____ Birth Date: _____ Social Security #: _____

Present Address: _____ City/State: _____ Zip: _____

Home Phone # _____ Work Phone # _____

Current Landlord's Name: _____ Landlord's Phone #: _____ How long have you lived here? : _____

Current Rent Payment (\$): _____ Reason for moving: _____

List all other members who will be living in household:

Members Full Name	Relationship	Birth Date	Social Security #
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

Are you a U.S. Citizen? Yes No Are you resident Alien? Yes No RA# _____

Is anyone in the household disabled/handicapped? Yes No

Identify any special housing needs required as a result of the handicap. _____

Prior Rental History Information:

Previous Address: _____ City/State: _____ Zip: _____

Dates to and from: _____ Landlord's name: _____ Phone: _____

Rent Payment (\$): _____ Reason for moving: _____

Previous Address: _____ City/State: _____ Zip: _____

Dates to and from: _____ Landlord's name: _____ Phone: _____

Rent Payment (\$): _____ Reason for moving: _____

Have you ever had an eviction action filed against you? Yes No

If Yes, Explain _____

Have you ever been convicted of a felony? Yes No

If Yes, Explain _____

Employment Information:

Present Employer: _____ Position: _____

Work Phone #: _____ Date Hired: _____ Hrs. /week: _____

Hourly Wage: (\$) _____ Monthly Salary: (\$) _____

Previous Employer: _____ Position: _____

Work Phone #: _____ Date Hired: _____ Hrs. / week: _____

Hourly Wage (\$): _____ Monthly Salary: (\$) _____

INCOME INFORMATION: Also to include other income sources such as: alimony, child support; welfare; unemployment; AFDC; TANF; social security; annuities; pensions; insurance policies; investment income; interest earned; disability; regular monetary gifts; and any other regular income.

1. Is any member of your household employed? If yes, circle: Full-time Part-time Seasonal	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Does any member of your household expect to work for any period during the next twelve months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Does any member of your household work for someone who pays them in cash?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Is any member of your household on leave of absence from work, due to lay-off, medical, maternity or military leave?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Does any member of your household now receive or expect to receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Does any member of your household now receive or expect to receive unemployment benefits?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Does any member of your household now receive or expect to receive alimony payments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Does any member of your household receive or expect to receive welfare/AFDC assistance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Does any member of your family receive or expect to receive Social Security benefits?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Does any member of your household receive or expect to receive income from a pension or annuity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Does any member of your household receive regular cash contributions from individuals not living in the unit or from any agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Does any member of your household receive income from assets including interest on checking or saving accounts, interest and dividends from certificates of deposit, stocks or bonds, income from rental of property?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Financial Information:

Bank Name for Checking Account: _____ Bank Name for Savings Account: _____

Credit References/Credit Cards:

Account Type	Account Number	Bank Name	Balanced Owed
1. _____	_____	_____	_____
2. _____	_____	_____	_____

RELATIVES /EMERGENCY CONTACT (Not residing with you)

Name _____ Relationship _____ Phone _____
Street _____ City _____ State _____ ZIP _____

Name _____ Relationship _____ Phone _____
Street _____ City _____ State _____ ZIP _____

APPLICANT CERTIFICATION:

I, _____, (Applicant) and or (Co-Applicant) certify that I (we)

- Received a copy of requirements for qualification and have read and understand the requirements for admission to CHA, or same has been explained to me; and
- To the best of my (our) knowledge, I (We) affirm that all the information on this application is true, accurate, complete and correct and agree that if this is not so, my application may be denied and/or my lease will be held in default and I (We) could be subject to eviction.
- I (We) hereby authorize CHA Management to verify all information contained on the application and conduct a full background check including but not limited to credit, bank account, employment, eviction, criminal background checks and authorization to contact any persons or companies listed on the application.

Applicant: _____ Date: _____

Co-Applicant or Spouse: _____ Date: _____

Management Agent: _____ Date: _____



FOR OFFICE USE ONLY

APPLICATION # _____ DATE: _____ TIME: _____