

RENTAL APPLICATION

This is an Equal Housing Opportunity program and is prohibited from discriminating against applicants on the basis of race, color, religion, sex, handicap, familial status, national origin, marital status, age (provided the borrower has the capacity to enter into a binding contract), or because all or a part of an applicant's income derives from any public assistance program. **Information pertaining to Race, National Origin, and Sex is optional.** You are not required to furnish it and it will not be used in evaluating your application or to discriminate against you in any way. If you choose not to furnish it, the individual taking the application may complete it on the basis of visual observation or surname.

Please complete all sections. Incomplete applications will not be considered.

Applicant's Name			Co-Applicant's Name		
SS #	Home Phone	Date of Birth	SS #	Home Phone	Date of Birth
<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (including single, divorces, widowed)			<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (including single, divorced, widowed)		
Present Address (Street, City, State, Zip)			Present Address (Street, City, State, Zip)		

List all persons who will be residing in the apartment unit-do not list applicant or co-applicant.

Name	Relationship	Date of Birth	Sex	Race	Social Security Number

Apartment Size Requested <input type="checkbox"/> Efficiency <input type="checkbox"/> 1 Bedroom <input type="checkbox"/> 2 Bedroom <input type="checkbox"/> 3 bedroom	Will you or anyone in your household benefit from the special design features of a handicap unit? <input type="checkbox"/> Yes <input type="checkbox"/> No
Location or Project Requested <input type="checkbox"/> Nies Block <input type="checkbox"/> Hinsdale	List the special design feature needed or handicap below:

Applicant

Co-Applicant

Current Landlord		Current Landlord	
Address		Address	
Phone	Monthly rent	Phone	Monthly rent
Previous Landlord		Previous Landlord	
Address		Address	
Phone		Phone	
Personal non-related character reference		Personal non-related character reference	
Address		Address	
Phone	Relationship	Phone	Relationship

If you believe a detailed explanation is necessary, please provide in writing. Please Label ATTACHMENT. DECLARATIONS	APPLICANT		CO-APPLICANT	
	YES	NO	YES	NO
a. Do you presently have housing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Are there any outstanding judgments against you for non-payment of rent?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Do you have any outstanding balances for utility bills?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Have you been evicted from any other housing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Are you currently involved in eviction proceedings?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Is there a pet in your household?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Have you or any other person named on this application been charged with harassment due to alcohol use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Have you or any other person on this application been convicted of a felony?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Have you or any other person named on this application been convicted for possessing, dealing, or manufacturing illegal drugs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Are you or any other person on this application currently being subjected to mental or physical violence? Is there a current order of protection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Do you have any interest or ownership in a residential property?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Are you a US citizen?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Are you a permanent resident or alien?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<i>Applicant</i>		<i>Co-Applicant</i>	
Name and Address of Employer	Years on this job	Name and Address of Employer	Years on this job
Position Title/Type of Business		Position Title/Type of Business	
<i>If employed in current position for less than two years or if currently employed in more than one position, complete the following:</i>			
Name and Address of Employer	Years on this job	Name and Address of Employer	Years on this job
Position Title/Type of Business		Position Title/Type of Business	

<i>List checking, savings, and creditor accounts below</i>				
Name/Address of Bank, Credit Card Co., Creditor	Type of Account	Account Number	Monthly Payment	Unpaid Balance

<i>List Credit such as Utility Companies (gas, oil, electric, etc.)</i>			
Name and Address of Company	Account Number	Payment Amount	Payment Frequency (month, week)

<i>Household Income Must Be Disclosed</i>				
Gross Monthly Income	Primary Applicant	Co-Applicant	Other	Total
Base Employment Income	\$	\$	\$	\$
Overtime Income				
Bonuses/Commission				
Interest Income				
Social Security Income				
SSI				
SSDI				
Unemployment Insurance				
Public Assistance				
Rent Subsidy				
Veterans Pension				
Other Pension				
Alimony				
Child Support				
Total	\$	\$	\$	\$

Certification: I certify that the information provided in this application is true and correct as of the date set forth opposite my signature on this application and acknowledge my understanding that any intentional or negligent misrepresentation of the information contained in this application will be considered grounds for rejection and termination of tenancy and is punishable under applicable federal, state, and local laws. I certify that this will be my permanent residence and that I will be required to pay a security deposit and one months rent prior to occupancy. I understand that eligibility for housing in Rural Revitalization Corporation dba NeighborWorks® Home Resources owned properties is based on income and occupancy requirements established by NYS Housing Trust Fund Corporation and/or the HUD HOME program.

Authorization: I hereby authorize Rural Revitalization Corporation dba NeighborWorks® Home Resources to contact any government agencies, present and past employers, landlords, schools, law enforcement agencies, and others, with regard to inquiries pertaining to my character, general reputation, personal characteristics, life style, and credit standing. The purpose of which is to establish that such characteristics would not adversely affect the physical environment; interfere with the health and safety of other residents or; affect the financial stability of the project or Rural Revitalization Corporation dba NeighborWorks® Home Resources.

Primary Applicant's Signature	Date	Co-Applicant's Signature	Date
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