

Community

Housing Management Services

RENTAL APPLICATION

(OFFICE USE ONLY) DATE RECEIVED _____
WAIT LIST # _____

PROPERTY NAME: _____

Property Address: _____

Thank you for applying to rent with us. Please provide us with complete information for each household member 18 years of age or older. Incomplete information will only delay the processing of your Rental Application. You will be required to provide proof of all information given.

APPLICANT

Name _____

Address _____ **City** _____ **State** _____ **Zip** _____

Home Phone _____ **Other Phone:** _____

Please list **ALL OCCUPANTS** including minors who will comprise the household of the unit. (Use additional paper if necessary)

NAME	DATE OF BIRTH	SEX	RELATIONSHIP TO APPLICANT	SOCIAL SECURITY NUMBER	Drivers	License or ID
					STATE ISSUED	NUMBER
			APPLICANT			

TOTAL NUMBER OF OCCUPANTS _____

****DO YOU EXPECT ANY CHANGES IN THE ABOVE-LISTED HOUSEHOLD COMPOSITION IN THE NEXT 12 MONTHS? YES ___ NO ___.** If yes, describe the change: _____

RENTAL HISTORY

Please supply information for all of your residences for **the past five (5) years**. Fill in blanks for all adult household members. (Use additional paper if necessary).

PRESENT LANDLORD /MANAGER _____

LANDLORD PHONE # _____ **NAME** _____
FAX # _____

RENTED UNIT FROM _____ TO _____ CURRENT RENT \$ _____
Month/Year Month/Year

REASON FOR LEAVING _____



EQUAL HOUSING OPPORTUNITY

4698 E. Pacific Coast Highway, Suite B. Long Beach, CA 90804

TEL. (562) 597-6200 FAX (562) 597-9572



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PREVIOUS LANDLORD /MANAGER

NAME _____

LANDLORD PHONE # _____

FAX # _____

APPLICANT'S PREVIOUS ADDRESS _____

RENTED UNIT FROM _____ TO _____ RENT AMOUNT \$ _____
MO/YR MO/YR

REASON FOR LEAVING _____

PRIOR LANDLORD /MANAGER

NAME _____

LANDLORD PHONE # _____

FAX # _____

APPLICANT'S PRIOR ADDRESS _____

RENTED UNIT FROM _____ TO _____ RENT AMOUNT \$ _____
MO/YR MO/YR

REASON FOR LEAVING _____

PRIOR LANDLORD /MANAGER

NAME _____

LANDLORD PHONE # _____

FAX # _____

APPLICANT'S PRIOR ADDRESS _____

RENTED UNIT FROM _____ TO _____ RENT AMOUNT \$ _____
MO/YR MO/YR

REASON FOR LEAVING _____

CREDIT REFERENCES

(Credit Cards, Auto Loans, and other Lenders)

CREDITOR	ADDRESS	PHONE	OPEN	CLOSED
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

INCOME INCOME FROM EMPLOYMENT

For each type of income that your household receives, give the source of that income and the amount of income that can be expected from that source. **INCLUDE ALL EMPLOYMENT INCOME FOR ALL MEMBERS OF THE HOUSEHOLD.** (Use additional paper as necessary).

HOUSEHOLD MEMBERS NAME	NAME OF EMPLOYER	EMPLOYER'S TELEPHONE #	GROSS WAGES PAID PER MONTH
			\$
			\$
			\$
			\$

ASSETS AND INCOME FROM INVESTMENTS

For each household member list assets and income from all investments (i.e. Checking Accounts, Savings Accounts, Stocks, Bonds, Trusts, Money Markets, Certificates of Deposits and Treasury Bills).

HOUSEHOLD MEMBERS NAME	ASSET DESCRIPTION (Savings, Checking, CD, Trust, etc)	ACCOUNT #	TOTAL ASSET VALUE	Interest Rate
			\$	%
			\$	%
			\$	%
			\$	%
			\$	%

OTHER INCOME

For each household member list other income, (i.e. Social Security, SSI, Disability Payments, Rental Income, Mortgage Note Income, VA Benefits, Insurance Benefits, Pensions, AFDC, Alimony, etc.)

HOUSEHOLD MEMBER NAME	SOURCE OF PAYMENTS	GROSS MONTHLY AMOUNT
		\$
		\$
		\$
		\$

STUDENT INFORMATION

Definition of a student is any person part-time or full-time enrolled in an institution of higher education for the purposes of earning a degree, certificate or other program leading to a recognized educational credentials.

Are any of the above occupants students of higher education?	YES	NO
Are ALL of the persons in this household Full-time or Part-time Student(s)?	YES	NO
If YES, answer the following questions:		
Are any full-time student(s) married and filing a joint tax return?	YES	NO
Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act?	YES	NO
Are any full-time student(s) a TANF or Title IV recipient?	YES	NO
Are any full-time student(s) a single parent living with his/her minor child who is not a dependent on another's tax return?	YES	NO

EMERGENCY CONTACT:

Name _____ Address _____

Relationship _____ Phone _____

VEHICLES (Operable automobiles including trucks, vans and motorcycles)

Year _____ Make _____ Model _____ Color _____ License # _____ State _____

Year _____ Make _____ Model _____ Color _____ License # _____ State _____

ADDITIONAL INFORMATION (YES answers will NOT necessarily disqualify applicant) **PLEASE CIRCLE YES OR NO**

- 1. Have you ever had any credit problems?..... **YES NO**
- 2. Have you ever been evicted or had legal action brought against you?..... **YES NO**
- 3. Have you ever filed bankruptcy?..... **YES NO**
- 4. Have you ever been convicted of a felony? (If your answer is yes, please explain on a separate paper) **YES NO**
- 5. Do you have any pets? (If yes, please describe them and how many on a separate sheet of paper)..... **YES NO**
- 6. Will you be using any water filled furniture in your residence?..... **YES NO**
- 7. Is there a need for an accessible unit?..... **YES NO**

HOW DID YOU HEAR ABOUT US?

Community Organization? Name: _____

Newspaper Name: _____

Brochure? _____ Employment? _____ Signs on Building? _____

Referred by a resident in the Building? Who? _____

Other _____

Applicant(s) represent that all of the above statements are true and correct and hereby authorize their verification including, but not limited to, the obtaining of a credit report, and agrees to furnish additional credit references upon request. Owner/Agent is authorized to obtain a credit report now and in the future.

In connection with my/our application for rent, I/we understand that background inquires will be made on myself/ourselves, and other members of my household, including consumer, criminal, sex offender status, driving and other reports. I/We understand that information will be requested from various federal, state and other agencies and entities, public and private, which maintain records concerning my/our past activities, and other members of my household, relating to driving, credit, criminal and civil experiences.

I/We authorize, without reservation, any part or agency contacted, to furnish completely and without limitation, any and all of the above mentioned information and any other information related thereto. Further, I/we will release from liability and will defend and hold harmless all requesters and suppliers of information in accordance herewith.

I/We, the undersigned make application to rent housing accommodations and upon approval of the application agree to sign a lease/rental agreement and to pay all sums due, including requested deposits before occupancy.

I/We certify the above information is correct and complete to the best of my/our knowledge and belief. I/We understand that the information given will be verified.

ALL ADULTS 18 YEARS OF AGE AND OLDER MUST SIGN BELOW.

SIGNATURE OF APPLICANT _____ **DATE** _____

SIGNATURE OF CO-APPLICANT _____ **DATE** _____

SIGNATURE OF CO-APPLICANT _____ **DATE** _____

SIGNATURE OF CO-APPLICANT _____ **DATE** _____

OFFICE USE ONLY:	B/R Size: _____	Rent:\$ _____	S/D:\$ _____	M/I Date: _____	Approved: _____	Date: _____
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