

CHAVIS HEIGHTS INCOME BASED RENTAL APPLICATION

FOR OFFICE USE ONLY

PROPERTY NAME: CHAVIS HEIGHTS DATE OF APPLICATION: _____ PH

ADDRESS APPLYING FOR _____ Wheelchair Accessible

APPLICANT'S LAST NAME _____ UNIT SIZE _____ STAFF INITIALS _____



PLEASE ANSWER ALL QUESTIONS:

NUMBER OF BEDROOMS NEEDED: 1BR. 2BR

_____ HOW DID YOU HEAR ABOUT CHAVIS?

HOUSEHOLD COMPOSITION:

	LIST ALL PEOPLE TO OCCUPY APT. LAST NAME, FIRST, MI	SOCIAL SECURITY#	DATE OF BIRTH	MALE/ FEMALE	RELATIONSHIP TO YOU
1					
2					
3					
4					
5					
6					

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PRESENT ADDRESS: _____ **PHONE:** _____
_____ **WORK:** _____

CELL: _____

MGMT/MORTGAGECOMPANY: _____ **LANDLORD PHONE:** _____

HOW LONG AT PRESENT ADDRESS

DATE MOVED IN _____ **DATE MOVED OUT** _____

OWN OR RENT? _____ **AMOUNT OF MONTHLY RENT/MORTGAGE: \$** _____

REASON FOR MOVING: _____

PREVIOUS ADDRESS: _____

MGMT/MORTGAGECOMPANY: _____ **LANDLORD PHONE:** _____

HOW LONG AT PREVIOUS ADDRESS

DATE MOVED IN _____ **DATE MOVED OUT** _____

OWN OR RENT? _____ **AMOUNT OF MONTHLY RENT/MORTGAGE: \$** _____

REASON FOR MOVING: _____

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EMPLOYMENT/INCOME INFORMATION

APPLICANT INFORMATION

PRESENT EMPLOYER:

Address:
Telephone Number: Fax:
Dates of Employment: From: To:
Position Supervisor Gross Monthly Salary\$
Number of Hours Worked per Week:

PREVIOUS EMPLOYER:

Address:
Telephone Number: Fax:
Dates of Employment: From: To:
Position Supervisor Gross Monthly Salary\$
Number of Hours Worked per Week:

OTHER SOURCE OF INCOME:

Address:
Telephone number: fax:
Contact person: Gross Monthly Amount\$

HOUSEHOLD MEMBER'S INFORMATION

PRESENT EMPLOYER:

Address:
Telephone Number: Fax:
Dates of Employment: From: To:
Position Supervisor Gross Monthly Salary\$
Number of Hours Worked per Week:

PREVIOUS EMPLOYER:

Address:
Telephone Number: Fax:
Dates of Employment: From: To:
Position Supervisor Gross Monthly Salary\$
Number of Hours Worked per Week:

OTHER SOURCE OF INCOME:

Address:
Telephone Number: Fax:
Contact Person: Gross Monthly Amount\$

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BANKING AND CREDIT REFERENCES

ASSET	NAME OF BANK OR CREDIT COMPANY	PHONE NUMBER	ACCOUNT NUMBER	ACCOUNT BALANCE
Checking Account			No need to give Number	\$
Savings Accounts			No need to give Number	\$
Credit Reference				\$
Credit Reference				\$
Credit Reference				\$

GENERAL INFORMATION

Have you or Co-Applicant ever been sued for non-payment of rent?..... Yes ___ No ___
 Have you or Co-Applicant ever been evicted or asked to move out?..... Yes ___ No ___
 Have you or Co-Applicant ever broken a Rental Agreement or Lease?..... Yes ___ No ___
 If yes, please explain _____
 Have you or Co-Applicant declared Bankruptcy?..... Yes ___ No ___
 If yes, what year? _____
 Have you or Co-Applicant been convicted of a Felony?..... Yes ___ No ___
 Would you or any member of your household
 benefit from a Handicapped-Accessible Unit?..... Yes ___ No ___
 Does a household member require a Wheelchair Accessible home..... Yes ___ No ___

PLEASE LIST AN ALTERNATE ADDRESS AND PHONE NUMBER: Your signature below authorizes Management to contact you through this alternate contact listed below:

ALTERNATE CONTACT: Name _____
 Address _____
 Phone _____

**➤➤Please attach all required verifications when
 returning your application◀ ◀**

BY SIGNING BELOW APPLICANT AUTHORIZES MANANAGEMENT AND ITS STAFF TO VERIFY ANY AGENCIES, POLICE DEPARTMENTS, CREDIT BUREAUS, REFERENCES AND GROUPS OR ORGANIZATIONS TO OBTAIN ANY INFORMATION OR MATERIALS, WHICH ARE DEEMED NECESSARY TO COMPLETE THIS APPLICATION.

APPLICANT CERTIFIES THAT ALL INFORMATION IN THIS APPLICATION IS TRUE AND CORRECT. THE APPLICANT FURTHER CERTIFIES AND UNDERSTANDS THAT FALSE STATEMENTS OR INFORMATION IS PUNISHABLE BY LAW AND WILL LEAD TO CANCELLATION OF THIS APPLICATION OR TERMINATION OF TENACY AFTER OCCUPANCY.

SIGNATURE: _____ DATE: _____
 (APPLICANT)

SIGNATURE: _____ DATE: _____

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(APPLICANT)

AUTHORIZATION FOR RELEASE AND CONSENT

APPLICANT/TENANT RELEASE AND CONSENT

I/We _____, the undersigned hereby authorize all persons or companies in the categories listed below to release without liability, information regarding employment, income, and/or assets to **Carousel Place/Chavis Heights Management** for the purposes of verifying information on my/our apartment rental application.

INFORMATION COVERED

I/We understand that previous, current or future information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to: personal identity, student status, employment, income, assets, medical or child care allowances. I/We understand that this authorization cannot be used to obtain information about me/us that is not pertinent to my eligibility for and continued participation as a Qualified Tenant.

- | | |
|----------------------------------|------------------------------|
| Child Care Expenses | Federal/State/Local Benefits |
| Credit History | Criminal Activity |
| Handicapped Assistance Expenses | Identity and Marital Status |
| Family Composition | Social Security Numbers |
| Employment/Income/Pension/Assets | Residence and Rental History |

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information include, but are not limited to:

- | | | |
|-------------------------------------|--------------------------------|--|
| Past, Present and Future Employment | Welfare Agencies | Retirement Systems |
| Support and Alimony Providers | State Unemployment Agencies | Banks and other Financial Institutions |
| Education Institutions | Social Security Administration | Landlords |
| Veteran Administrations | Register of Deeds | Medical and Childcare Providers |
| Courts | Law Enforcement Agencies | Credit Bureaus |
| Employers, Present and Past | Schools and Colleges | Utility Companies |

CONDITIONS

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and will stay in effect for a year and one month from the date signed. I/We understand I/We have a right to review this file and correct any information that is incorrect.

SIGNATURES

_____ Signature of Applicant	_____ Social Security Number	_____ Birthdate	_____ Date Signed
_____ Signature of Adult Family Member	_____ Social Security Number	_____ Birthdate	_____ Date Signed
_____ Signature of Adult Family Member	_____ Social Security Number	_____ Birthdate	_____ Date Signed



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01/24/08

Revised 1/24/2008