

## Affordable Rental Housing Program Application



# RENTAL APPLICATION

Every occupant over the age of 18 **MUST** fill out a separate application (even if married).  
Please fill out this form **COMPLETELY** and sign where indicated.

PERSONAL INFORMATION			
FIRST NAME	MIDDLE	LAST	SS.#
DATE OF BIRTH / /	MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <i>Since</i> _____ <input type="checkbox"/> DIVORCED <i>Since</i> _____		DRIVERS LICENSE # STATE
PHONE - - - <input type="checkbox"/> CELL <input type="checkbox"/> HOME	PHONE - - - EXT. <input type="checkbox"/> HOME <input type="checkbox"/> WORK		EMAIL
PRESENT HOME ADDRESS		CITY/STATE/ZIP	
LENGTH OF TIME	PRESENT LANDLORD	LANDLORD PHONE - - -	
REASON FOR LEAVING	AMOUNT OF RENT	Is your present rent up to date? <input type="checkbox"/> YES <input type="checkbox"/> NO	
PREVIOUS HOME ADDRESS		CITY/STATE/ZIP	
LENGTH OF TIME	PREVIOUS LANDLORD	LANDLORD PHONE - - -	
REASON FOR LEAVING	AMOUNT OF RENT	Was your rent up to date? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NEXT PREVIOUS HOME ADDRESS		CITY/STATE/ZIP	
LENGTH OF TIME	NEXT PREVIOUS LANDLORD	LANDLORD PHONE - - -	
REASON FOR LEAVING	AMOUNT OF RENT	Was your rent up to date? <input type="checkbox"/> YES <input type="checkbox"/> NO	

PROPOSED OCCUPANT(S)			
NAME	RELATIONSHIP	OCCUPATION	AGE
NAME	RELATIONSHIP	OCCUPATION	AGE
NAME	RELATIONSHIP	OCCUPATION	AGE
NAME	RELATIONSHIP	OCCUPATION	AGE
NAME	RELATIONSHIP	OCCUPATION	AGE

PROPOSED PET(S)			
NAME	TYPE/BREED	<input type="checkbox"/> INDOOR <input type="checkbox"/> OUTDOOR	AGE
NAME	TYPE/BREED	<input type="checkbox"/> INDOOR <input type="checkbox"/> OUTDOOR	AGE
NAME	TYPE/BREED	<input type="checkbox"/> INDOOR <input type="checkbox"/> OUTDOOR	AGE

VEHICLE(S) INFORMATION					
YEAR	MAKE	MODEL	COLOR	PLATE #	STATE
YEAR	MAKE	MODEL	COLOR	PLATE #	STATE

EMPLOYMENT		
CURRENT EMPLOYER	OCCUPATION	HOURS/WEEK
SUPERVISOR	PHONE - - - EXT.	YEARS EMPLOYED
ADDRESS		CITY/STATE/ZIP
CURRENT EMPLOYER	OCCUPATION	HOURS/WEEK
SUPERVISOR	PHONE - - - EXT.	YEARS EMPLOYED
ADDRESS		CITY/STATE/ZIP

INCOME		
CURRENT INCOME \$ _____ <input type="checkbox"/> WEEKLY <input type="checkbox"/> BIWEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> YEARLY	SOURCE	PROOF OF INCOME <input type="checkbox"/> YES <input type="checkbox"/> NO
CURRENT INCOME \$ _____ <input type="checkbox"/> WEEKLY <input type="checkbox"/> BIWEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> YEARLY	SOURCE	PROOF OF INCOME <input type="checkbox"/> YES <input type="checkbox"/> NO
CURRENT INCOME \$ _____ <input type="checkbox"/> WEEKLY <input type="checkbox"/> BIWEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> YEARLY	SOURCE	PROOF OF INCOME <input type="checkbox"/> YES <input type="checkbox"/> NO

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  **RENTAL APPLICATION**  
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Please fill out this form **COMPLETELY** and sign where indicated.

CREDIT CARD / FINANCIAL INFORMATION			
CAR LEAN LEASER	BALANCE DUE	MONTHLY PAYMENT	CREDITORS PHONE #
CREDIT CARD COMPANY	BALANCE DUE	MONTHLY PAYMENT	CREDITORS PHONE #
CREDIT CARD COMPANY	BALANCE DUE	MONTHLY PAYMENT	CREDITORS PHONE #
CREDIT CARD COMPANY	BALANCE DUE	MONTHLY PAYMENT	CREDITORS PHONE #
CHILD SUPPORT/ OTHER CREDIT DUE	BALANCE DUE	MONTHLY PAYMENT	CREDITORS PHONE #
BANK ACCOUNT NAME OF BANK	BALANCE	MONTHLY PAYMENT	ACCOUNT NUMBER

EMERGENCY / PERSONAL REFERENCE INFORMATION				
EMERGENCY CONTACT	PHONE	<input type="checkbox"/> CELL <input type="checkbox"/> HOME	PHONE	<input type="checkbox"/> HOME <input type="checkbox"/> WORK
RELATION	ADDRESS		CITY, STATE, ZIP	
EMERGENCY CONTACT	PHONE	<input type="checkbox"/> CELL <input type="checkbox"/> HOME	PHONE	<input type="checkbox"/> HOME <input type="checkbox"/> WORK
RELATION	ADDRESS		CITY, STATE, ZIP	
PERSONAL REFERENCE	PHONE	<input type="checkbox"/> CELL <input type="checkbox"/> HOME	PHONE	<input type="checkbox"/> HOME <input type="checkbox"/> WORK
RELATION	ADDRESS		CITY, STATE, ZIP	
PERSONAL REFERENCE	PHONE	<input type="checkbox"/> CELL <input type="checkbox"/> HOME	PHONE	<input type="checkbox"/> HOME <input type="checkbox"/> WORK
RELATION	ADDRESS		CITY, STATE, ZIP	

APPLICANT QUESTIONNAIRE / AUTHORIZATION	
Has applicant ever been sued for bills? <input type="checkbox"/> YES <input type="checkbox"/> NO	Has applicant ever been locked out of their apartment by the sheriff? <input type="checkbox"/> YES <input type="checkbox"/> NO
Has applicant ever been bankrupt? <input type="checkbox"/> YES <input type="checkbox"/> NO	Has applicant ever been brought to court by another landlord? <input type="checkbox"/> YES <input type="checkbox"/> NO
Has applicant ever been guilty of a felony? <input type="checkbox"/> YES <input type="checkbox"/> NO	Has applicant ever moved owing rent or damaged an apartment? <input type="checkbox"/> YES <input type="checkbox"/> NO
Has applicant ever broken a Lease? <input type="checkbox"/> YES <input type="checkbox"/> NO	Is the total move-in amount available now (rent and deposit)? <input type="checkbox"/> YES <input type="checkbox"/> NO
Applicant authorizes the landlord to contact past and present landlords, employers, creditors, credit bureaus, neighbors and any other sources deemed necessary to investigate applicant. All information is true, accurate and complete to the best of applicant's knowledge. Landlord reserves the right to disqualify tenant if information is not as represented. ANY PERSON OR FIRM IS AUTHORIZED TO RELEASE INFORMATION ABOUT THE UNDERSIGNED UPON PRESENTATION OF THIS FORM OR A PHOTOCOPY OF THIS FORM AT ANY TIME.	
<b>X</b> _____ APPLICANT SIGNATURE	_____ DATE

*If you have any questions about the interpretation or legality of this form, please consult an attorney or other qualified person.*

**NOTES:**

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# Affordable Rental Housing Program

## APPLICANT STATUS SHEET

Appointment Scheduled:  Yes  No Date: \_\_\_\_\_ Time: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Current Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact Number: \_\_\_\_\_ Best Time to Call: \_\_\_\_\_

### Documents To Be Completed:

- Proof of Income [Award Letter / 2 current Pay Check Stubs / Section 8 Voucher / Proof of Benefits]
- Photo Identification [State ID / State Drivers License / Employment ID Badge]
- SSN Card / Birth Certificate/Current Passport
- Fill out Application / Sign – Date (each applicant over 18 will need to complete a separate application)
- Fill out Resident Information Sheet
- Complete/Sign Authorization For Release of Information Form

### Documents to be copied:

- Proof of Income
- Photo Identification
- SSN Card / Birth Certificate/Current Passport

Unit (s) Viewed: \_\_\_\_\_

Unit (s) Interested In: \_\_\_\_\_

*(Must Leave Security Deposit)*

Move-In DATE: \_\_\_\_\_

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DO NOT WRITE BELOW THIS BOX OFFICE USE ONLY

Credit for this apt.  Owner  BTO Website  Word of Mouth  Other Authorized Agent  
Listing Source:  BTO Website  Church  Other \_\_\_\_\_

# Affordable Rental Housing Program

## AUTHORIZATION FOR RELEASE OF INFORMATION

Applicant authorizes the landlord/authorizes agents to contact past and present landlord, employers, creditors, credit bureaus, neighbors and any other sources deemed necessary to investigate applicant. All information is true, accurate and complete to the best of applicant's knowledge. Landlord reserves the right to disqualify tenant if information is not as represented.

ANY PERSON OR FIRM IS AUTHORIZED TO RELEASE INFORMATION ABOUT THE UNDERSIGNED UPON PRESENTATION OF THIS FORM OR A PHOTOCOPY OF THIS FORM AT ANY TIME.

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APPLICANT SIGNATURE

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DATE

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PLEASE PRINT FULL NAME

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SOCIAL SECURITY NUMBER

# Affordable Rental Housing Program

## Resident Contact and Information Sheet

ADDRESS: \_\_\_\_\_

DATE: \_\_\_\_\_

\_\_\_\_\_

HOME PHONE: \_\_\_\_\_

UNIT: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

ALTERNET PHONE: \_\_\_\_\_

Please fill out the information for ALL INDIVIDUALS over the age of 18 who are currently living here.

### RESIDENT #1

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SSN#

\_\_\_\_\_

Employer: \_\_\_\_\_ Employer's Phone:

\_\_\_\_\_

Employer Address:

\_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone:

\_\_\_\_\_

### RESIDENT #2

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SSN#

\_\_\_\_\_

Employer: \_\_\_\_\_ Employer's Phone:

\_\_\_\_\_

Employer

Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone:

\_\_\_\_\_

Please Provide Three Referrals for Residence:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Phone: \_\_\_\_\_

Please list all individuals under the age of 18 currently living here:

Name:	Age:	Relationship:
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_____	_____	
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_____		
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_____	_____	
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_____		
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**AUTO INFO: Make/Model/Color** \_\_\_\_\_

**Plate #:**

\_\_\_\_\_

**AUTO INFO: Make/Model/Color** \_\_\_\_\_

**Plate #:**

\_\_\_\_\_

## **Affordable Rental Housing Program Residence Verification**

This form is created solely for the purpose of verifying previous residence. A former tenant of yours named \_\_\_\_\_ indicated that he/she lived at the dwellings known as

\_\_\_\_\_. For a period of ( ) \_\_\_\_\_ year. Could you verify this information and complete the following questions.

Upon completion please return via email [EatonProperties.com](mailto:EatonProperties.com) or via fax: 636-939-3808, Thank You.

1. Was this tenant evicted?      YES      NO
  
2. Did this tenant comply with all of the terms of their lease?    YES    NO
  
3. When this tenant left was the rent current and in good standing?    YES    NO
  
4. Did this tenant pay their rent in a timely manner?      YES    NO
  
5. Did this tenant accrue any late fees during the duration of the lease?    YES    NO
  
6. If given the opportunity, would you rent to this tenant again?    YES    NO

If you have any questions, please don't hesitate to give Eaton Properties a call at 636-939-3808 or reply via email at [www.eatonproperties.com](http://www.eatonproperties.com).

We thank you for your help with this matter and your speedy and prompt reply.

Many Thanks,

BTO (Blessings to Others) Ministries  
Property Management