

****Office Use Only****

Received Date: _____
Time: _____ am/pm
Initials: _____
Prospect #: _____

2 Bedroom
3 Bedroom
4 Bedroom
Add on to existing household

RENTAL APPLICATION

Applicant's Name: _____ Return to: _____
Mailing Address: _____
Home Phone: _____ Phone #: _____
Cell Phone: _____ Fax #: _____
Message Phone: _____ Email Address: _____
Email Address: _____ Website: _____

Instructions:

- It is important that all information on the Rental Application be legible, complete, and correct. False, incomplete, or misleading information will cause your application to be rejected. **Do not leave any sections blank.**
- It is your responsibility to notify us when any of the information contained in this application changes (i.e., contact information, family size, income amounts, etc.). Failure to do so may result in your Rental Application being rejected.
- It is your responsibility to contact us within 48 hours after we call you about an apartment.
- Please let the rental office know if you need forms for requesting reasonable accommodations & modifications.

Household Information

List all individuals that are applying to live in this apartment. Include live-in aides / attendants.

Name <i>First, Middle Initial, Last</i>	Aliases <i>Maiden/other legal names</i>	Date of Birth	Age	Social Security Number	Relationship to Head of Household
					Self



Select the apartment size(s) you wish to apply for:

Apartment Size* (Indicate 1 for 1st Choice, 2 for 2nd, 3 for 3rd)

Note: If you do not pick your order of apartment size preference, we will pick for you

- _____ 2 Bedroom (1-5 person household)
 _____ 3 Bedroom (1-7 person household)
 _____ 4 Bedroom (1-9 person household)

Tell us when you want to move into the property (i.e., ASAP, specific date, etc.): _____

How did you hear about the property? _____

Residence Information

We will verify the most recent 3 consecutive years of addresses / rental history for the **head of household, co-head, and all other adult household members**. Please make sure each member accounts for this entire period of time. If we are unable to verify the information you have given us through third parties, you may be asked to provide evidence of what you are disclosing (see the Resident Selection Plan for details). Additional Reference Forms may be obtained from the office.

Head of Household	Name: _____	_____	
		Current Address	Previous Address
	Street Address: _____		
	City, State Zip: _____		
	From / To (dates): _____		
Rent / Own / Other: _____			

The Co-Head & other remaining adult members share the same history as the Head of Household. Skip to next section.

Co-Head / Other Adult	Name: _____	_____	
		Current Address	Previous Address
	Street Address: _____		
	City, State Zip: _____		
	From / To (dates): _____		
Rent / Own / Other: _____			

Co-Head / Other Adult	Name: _____	_____	
		Current Address	Previous Address
	Street Address: _____		
	City, State Zip: _____		
	From / To (dates): _____		
Rent / Own / Other: _____			

Co-Head / Other Adult	Name: _____	_____	
		Current Address	Previous Address
	Street Address: _____		
	City, State Zip: _____		
	From / To (dates): _____		
Rent / Own / Other: _____			



General Questions

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Does anyone in your household have a special housing need or need a reasonable accommodation or modification.
		If yes, please explain:
<input type="checkbox"/>	<input type="checkbox"/>	Are you currently receiving rental assistance from the property where you are living?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have a voucher (i.e., rental assistance through a Housing Authority or similar agency) that you would like to use at this property?
		If yes, name of Housing Authority / Agency:
<input type="checkbox"/>	<input type="checkbox"/>	Do you have renter's insurance?
<input type="checkbox"/>	<input type="checkbox"/>	Have you had bed bugs in your current dwelling in the last six (6) months? (We ask this question to be prepared to work with you to eliminate this problem, not to disqualify your application.)
<input type="checkbox"/>	<input type="checkbox"/>	Have you or any member of your household had your tenancy terminated for cause in the last three years?
		If yes, please explain:
<input type="checkbox"/>	<input type="checkbox"/>	Do you or any household member owe money to a prior landlord, housing agency, or a utility company?
		If yes, please explain:
<input type="checkbox"/>	<input type="checkbox"/>	Are you currently making payments to the satisfaction of the party to whom you owe money?

Criminal History

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Is any member of your household subject to State lifetime sex offender registration in any state?
<input type="checkbox"/>	<input type="checkbox"/>	Is any member of your household currently using, selling, or distributing, or in possession of, an illegal drug (under state or federal laws) or illegal drug paraphernalia or facing drug related charges?
<input type="checkbox"/>	<input type="checkbox"/>	Are there any criminal convictions (misdemeanor or felony) or pending charges not already disclosed for any household member?

*If yes to any of the above Criminal History questions **please list applicant's name, crime, and date of crime below:**

Name:	Year:	Crime:	City:	State:
Name:	Year:	Crime:	City:	State:
Name:	Year:	Crime:	City:	State:
Name:	Year:	Crime:	City:	State:
Name:	Year:	Crime:	City:	State:
Name:	Year:	Crime:	City:	State:

Note: Marking "yes" does not necessarily mean that you or your household will be disqualified, and you are encouraged to submit supplemental evidence to explain, justify or negate the relevance of a potentially negative criminal record and/or pending charges to assist in processing your application expediently. If you are currently facing criminal charges and are participating in a diversion conditional discharge or deferral of judgment program on the charges, please include evidence of your participation with your application



Income and Asset Information

NOTE: You are only required to report income and assets you want us to consider when determining your ability to pay the monthly rent.

- We will require 3rd party confirmation of all reported income and assets.

Income sources to consider:

- Employment wages & tips, SSA benefits, rental income, pensions, unemployment, recurring gifts, etc.

Asset types to consider:

- Checking/savings accounts, cash, CDs, money market accounts, stocks, bonds, retirement accounts, real estate, etc.
- Please disclose all assets owned in full or in part by members of your household.

Head of Household Name: _____

Employer/Income Source: _____	Source Phone Number: _____
Source email address: _____	Source Fax Number: _____
Gross Income/Wages: _____	(circle one) per hour / week / bi-weekly / month / year

Asset Type: _____	Asset Type: _____
Institution Name: _____	Institution Name: _____
Institution Phone Number: _____	Institution Phone Number: _____
Institution Fax Number: _____	Institution Fax Number: _____
Contact email address: _____	Contact email address: _____
Cash Value of Asset: _____	Cash Value of Asset: _____

Co-Head/OtherAdult Name: _____

Employer/Income Source: _____	Source Phone Number: _____
Source email address: _____	Source Fax Number: _____
Gross Income/Wages: _____	(circle one) per hour / week / bi-weekly / month / year

Asset Type: _____	Asset Type: _____
Institution Name: _____	Institution Name: _____
Institution Phone Number: _____	Institution Phone Number: _____
Institution Fax Number: _____	Institution Fax Number: _____
Contact email address: _____	Contact email address: _____
Cash Value of Asset: _____	Cash Value of Asset: _____

Co-Head/OtherAdult Name: _____

Employer/Income Source: _____	Source Phone Number: _____
Source email address: _____	Source Fax Number: _____
Gross Income/Wages: _____	(circle one) per hour / week / bi-weekly / month / year

Asset Type: _____	Asset Type: _____
Institution Name: _____	Institution Name: _____
Institution Phone Number: _____	Institution Phone Number: _____
Institution Fax Number: _____	Institution Fax Number: _____
Contact email address: _____	Contact email address: _____
Cash Value of Asset: _____	Cash Value of Asset: _____

Co-Head/OtherAdult Name: _____

Employer/Income Source: _____	Source Phone Number: _____
Source email address: _____	Source Fax Number: _____
Gross Income/Wages: _____	(circle one) per hour / week / bi-weekly / month / year

Asset Type: _____	Asset Type: _____
Institution Name: _____	Institution Name: _____
Institution Phone Number: _____	Institution Phone Number: _____
Institution Fax Number: _____	Institution Fax Number: _____
Contact email address: _____	Contact email address: _____
Cash Value of Asset: _____	Cash Value of Asset: _____



Statements by all Household Members

I certify that all information given in this Rental Application and any and all attachments is true, complete, and accurate to the best of my knowledge. I understand that management is relying on this information to verify my household's eligibility and that providing false information or making false statements may be grounds for denial of my application or termination of tenancy.

I authorize Northwest Real Estate Capitol Corp. (NWRECC) and Tamarack Property Management Co. (TPMC) personnel to make all inquiries to verify this information, either directly or through information exchanged now or later with rental, credit, and criminal background screening services, and to contact previous and current landlords, employers and financial institutions for credit, income and other verification confirmations.

I certify that only those persons listed in this application will occupy the apartment if my application is approved and move-in occurs. I also certify that there are no other persons for whom I expect to provide housing. I understand that any additions to the household may only be done with management's approval through the application process. I agree to notify management in writing regarding any changes in household address, telephone numbers, and household composition.

I have read, and understand the information in this Rental Application, in particular the information contained in the instructions for Head of Household, and I agree to comply with such information. I have reviewed the Resident Selection Plan, which summarizes the procedures for processing applications, and understand it is available to me upon request.

I authorize access to our credit file as defined in the Fair Credit Reports Act, 15 U.S.C. Section 1681a(d) for the purpose of renting residential housing. I understand the purpose of this report is to seek information regarding my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, former addresses, and mode of living. I acknowledge that if there is question regarding the information obtained during this process, it is not the responsibility of management to correct any information listed on the credit file report.

I authorize the reporting bureaus in the States identified above to release all criminal convictions to management for the purpose of verifying my eligibility under the Resident Selection Plan. I acknowledge that if there is any question regarding the information obtained during this process, it is not the responsibility of management to correct any information listed on the criminal conviction report.

Signature – Household Member

Date

Signature – Household Member

Date

Signature – Household Member

Date

Signature – Household Member

Date



LANDLORD REFERENCE

Please return to:

Landlord Name: _____
Mailing address: _____
Phone Number: _____
Fax Number: _____
Email Address: _____

Phone Number: _____
Fax Number: _____
Email Address: _____

I have applied for housing with the above property, and they require a reference from former landlords. By signing below, I authorize the release of the requested information.

Applicant's Name (print) _____

Leaseholder's Name (if different from Applicant) _____

Applicant's Address at time of residency – City, State, Zip Code _____

Applicant's Signature/Consent _____

Date _____

APPLICANT – STOP HERE AND RETURN THIS FORM TO THE PROPERTY MANAGER

Landlord – Please complete the following information. This information will not be released to the applicant.

Current Landlord Prior Landlord Move In Date: _____ Move Out Date: _____

Monthly Rent: \$ _____ Which utilities were included in the rent? Water/Sewer Gas
 Electricity All

Yes No Please consider the last 12 months of occupancy when answering the following:

- Was the rent paid on time? If no, how many times was it late? _____
- Did this family receive regular monthly rental assistance? (i.e., Section 8, Voucher, etc.)
- Did this household have a history of disruptive behavior?
- Did this keep the unit in a clean, safe, and sanitary condition?

Please exclude Pay or Quit Notices from the following lease violation questions:

- Did this household receive 3 or more lease violations in the last 12 months of occupancy?
- Did this household receive 2 or more lease violations for the same violation in the last 12 months of occupancy?
- Did you terminate this household's lease for cause? If yes, please explain under "Other Comments".
- Would you rent to this household again?
- Does this household currently owe you money? If so, how much? \$ _____

If yes, is the household currently making payments to your satisfaction? Yes No

Other Comments (continue on back if needed):

Telephone verification made by site staff: _____
Staff initials/date

Landlord Signature _____

Date _____

Phone Number _____

This institution is an equal opportunity provider.



HOUSING REFERENCE

Please return to:

Contact Name: _____
 Mailing address: _____

 Phone Number: _____
 Fax Number: _____
 Email Address: _____

 Phone Number: _____
 Fax Number: _____
 Email Address: _____

I have applied for housing with the above property, and they require a reference from former landlords. By signing below, I authorize the release of the requested information.

Applicant's Name (print) _____

Other Household Members _____

Applicant's Signature/Consent _____

Date _____

Period of time requiring verification: From: _____ To: _____

APPLICANT – STOP HERE AND RETURN THIS FORM TO THE PROPERTY MANAGER

Verifier – Please complete the following information.

Instructions: The Applicant has indicated they do not have landlord / rental history during the period of time referenced above, or their prior landlord has not responded to our request for verification. The Applicant has indicated that you are able to verify where they were staying during this undocumented period time. Please complete the following information to the best of your knowledge.

Your Name: _____ Company (if applicable) _____

How do you know the Applicant? _____

- Yes No **Did the Applicant have a history of disruptive behavior?** _____
 Yes No **Did the Applicant have a history of poor housekeeping habits?** _____
 Yes No **Would you recommend the Applicant as a renter?** _____

Which type of housing situation are you verifying? (You may select more than one.)

- Applicant was homeless with no known accommodations
 Applicant was homeless and was staying in a shelter
 Applicant stayed in my home
 Applicant stayed with friends or family (not me)
 Applicant was hospitalized or in a care facility
 Applicant was away at school
 Applicant was away on military assignment
 Applicant was incarcerated
 Applicant reported the following address to me:

From (month/year)	To (month/year)

Telephone verification made by site staff: _____
 Staff initials/date

Verifier Signature _____

Date _____

Phone Number _____

This institution is an equal opportunity provider.

