RENTAL APPLICATION

PLEASE NOTE: Incomplete applications will not be accepted \$10 Nonrefundable Application Fee



Paid Date:	
Applicant #1 Name:	Phone:
	Alternate Phone:
Applicant #2 Name:	Phone:
	Alternate Phone:
Social Security Number	Applicant #1 Date of Birth:
Social Security Number	Applicant #2 Date of Birth:
<u>RESIC</u>	DENTIAL / RENTAL HISTORY
Current Address:	City: State: Zip:
Landlord's Name:	Phone:
How Long at Present Address?	
Check One:OwnRentOther	Rent /Mortgage Amount You Pay: \$ Utilities: \$
Reason for Moving:	
Former Address:	City: State: Zip:
Former Landlord's Name:	Phone:
How Long at Former Address?	
Check One:OwnRentOther	Rent /Mortgage Amount You Pay: \$ Utilities: \$
Reason for Moving:	



INCOME

Applicant #1 Employer:				
Phone:	Fax:			
Monthly Gross Income: \$		How Lon	g at Current Job:	
Applicant #2 Employer:				
Phone:	Fax:			
Monthly Gross Income: \$		How Lon	g at Current Job:	
Non-Employment Income (Cl Monthly Amount: \$, , , , , , , , , , , , , , , , , , ,	Social Security	Retirement	Ss Disability
consider fraud and punishable	according to the law and ma de all information included in ng your suitability as a tenant	y result in the loss of my n this application. This i	housing at this proper nformation is consider	nat providing false information is erty. In order for us to determine ered confidential and will only be sing Program, and/or your
credit bureau, group or organiz	zation regarding my income ontion. I also authorize the re	or assets or other inform lease of information to the	ation, which may be r	etitution, legal institution, landlord, necessary to complete my y, office, financial institution, legal
A photocopy of this authorization	tion shall be considered as ef	fective and valid as the o	original.	
SIGNATURE OF APPLICA	NT #1:			DATE:
SIGNATURE OF APPLICA	NT #2:			DATE:

OFFICE USE ONLY AMERICAN TENANT SCREEN____

S.O. REGISTRY____ L.L. REF____



HOUSEHOLD OCCUPANCY

Please list yourself and anyone who will live with you within the next 12 months. Be sure to include members temporarily away from home, including (but not limited to): dependents away at school, military persons stationed away from home that has a spouse or dependent in the home.

Please list household member starting with Head of Household on line 1, then in order of oldest to youngest:

Last maine, Prist maine	Head of Household	Diffit Date	(M/F)	Social Security Number	Full Time	art Time	N/A
1.	HEAD						
2.							
3.							
4.							
5.							
1.) Do you anticipate any chang	•				YES	NO	l
If YES, please explain here:							
2.) Are you or any member of you	our household subject	to sex offender	registry in an	y state?	YES	NO	
3.) Have you or any member of	your household been a	rrested for any 1	misdemeanor	rs or felonies?	YES	NO	
		<u>HOUSEHO</u>	OLD INCO	<u>ME</u>			
1.) Is any household member se	lf-employed?				YES	NO	
Who is self-employed?		Gros	ss Income pe	er month:	_		
What type of work does this	person do?						
2.) Does any household member	er receive pay from the	military?			YES	NO	
Who is paid by the military?		Gross Incom	ne per montl	n:	-		
Which branch of the military	·?						
Contact Person:			Phone:				
3.) Does any household member	er receive any payments	s from the Socia	l Security Ad	lministration?	YES	NO	
Who receives payments from	n the Social Security O	ffice?			_		
Which type:SS	SSI	_OTHER	Gross Incom	ne per month:			



Does any household member receive severance pay or w	vorker's compensation?		_YES	NO
Who is receiving severance pay or worker's compensation	n?			
Amount per month: Which co	ompany pays them?			
Contact Person: Phone:	:			
Is any household member unemployed and receiving pa	yments from an Unemployment Agenc	-y?	YES	NO
Who is receiving unemployment benefits?				
Amount per month: Contact Pe	rson:	Phone: _		
Does any household member receive payments from a	pension, annuity or retirement account	?	_YES	NO
Please check one:PensionAnnuit	tyOtherRetireme	ent		
Who receives these benefits?	AMT \$ PER			
Company or Source?	Contact Person:		Phone:	
Are there any other sources of income we have not alread	dy asked you about that you receive?		_YES	NO
Please describe:		АМЛ	T \$ PE	ER
Does your household expect any changes in their income	e within the next 12 months?		_YES	NO
Does your household expect any changes in their income Please describe:			_YES _ PE	
Please describe:				
Please describe: V List any cars, trucks or other vehicles owned.	EHICLE INFORMATION			
Please describe: V List any cars, trucks or other vehicles owned. Type of Vehicle: Y	EHICLE INFORMATION	AMT		
Please describe: List any cars, trucks or other vehicles owned. Type of Vehicle: License Plate#:	EHICLE INFORMATION Year/Make: Co	AMT		
Please describe: V List any cars, trucks or other vehicles owned. Type of Vehicle: License Plate#: Type of Vehicle:	EHICLE INFORMATION Year/Make: Co	AMT		
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Please describe: V List any cars, trucks or other vehicles owned. Type of Vehicle: License Plate#: Type of Vehicle:	EHICLE INFORMATION Year/Make: Co State: Co State: Co State: SPECIAL NEEDS	AMT	. \$ PE	
Please describe: List any cars, trucks or other vehicles owned. Type of Vehicle: License Plate#: S Type of Vehicle: License Plate#:	EHICLE INFORMATION Year/Make: Co State: Co State: Co State: SPECIAL NEEDS	AMT	NO	

MARKETING / ADVERTISING

How did you hear about us? Check or Complete:					
Resident Referral – Name of Resident:					
Landlord Referral – Name of I	andlord:				
Landiold Referral – Name of 1	zandiord.				
Newspaper	Flyer	Apartment Guide Other:			
Please return completed applic	eation with \$10 application fee	e to:			
1 11	1.1	wv.org, facsimile 304-636-6596 or mail to:			
Highland Community Builders	0				
PO Box 1579, Elkins, WV 262	41 or leave in the drop box o	utside of the office located at			
2280 (formerly 1404 North) Ra	andolph Avenue, Elkins, WV	26241			

