



Property Management
RENTAL APPLICATION

PLEASE PRINT ALL INFORMATION Incomplete applications will not be accepted: \$10 Nonrefundable Application Fee Payable by cash or money order only Paid Date:

Applicant Name: Phone: Alternate Phone:

Applicant One: Social Security Number Date of Birth:

RESIDENTIAL / RENTAL HISTORY

CURRENT ADDRESS: CITY: STATE: ZIP:

LANDLORD'S NAME: PHONE:

HOW LONG AT PRESENT ADDRESS? SELECT ONE:

RENT / MORTGAGE AMOUNT YOU PAY: \$ UTILITIES: \$

REASON FOR MOVING:

FORMER ADDRESS: CITY: STATE: ZIP:

LANDLORD'S NAME: PHONE:

HOW LONG AT FORMER ADDRESS: SELECT ONE: OWN RENT OTHER

RENT / MORTGAGE AMOUNT YOU PAID: \$ UTILITIES: \$

REASON FOR MOVING:

INCOME

APPLICANT #1 EMPLOYER: PHONE: FAX:

MONTHLY GROSS INCOME: \$ HOW LONG AT CURRENT JOB:

APPLICANT #1 - NON-EMPLOYMENT INCOME (Check sources of income): SOCIAL SECURITY RETIREMENT SS DISABILITY UNEMPLOYMENT

MONTHLY AMOUNT: \$

I certify that the information I provide is true and accurate to the best of my knowledge. I understand that providing false information is considered fraud and may result in the loss of my being leased housing. I do hereby authorize Highland Community Builders Property Management ("HCBPM") to contact any agency, office, financial institution, legal institution, landlord, credit bureau, group or organization regarding my income or assets or other information, which may be necessary to complete my application for rental consideration. I also authorize the release of information to the HCBPM by any agency, office, financial institution, legal institution, landlord, credit bureau, group or organization having such information. A photocopy of this authorization shall be considered as effective and valid as the original.

SIGNATURE OF APPLICANT: DATE:

OFFICE USE ONLY AMERICAN TENANT SCREEN S. REGISTRY I.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 Name, First Name	Relationship to Head of Household	Birth Date	SEX: (M/F)	Social Security Number	Student Full Time	Status Part Time	N/A
1.	HEAD						
2.							
3.							
4.							
5.							

1.) Do you anticipate any changes in the size of your household within the next 12 months? YES NO

If YES, please explain here: _____

2.) Have you or any member of your household been arrested for any misdemeanors or felonies? YES NO
 Answering yes to this question does not automatically disqualify you. Explain if Yes

HOUSEHOLD INCOME

1.) Is any household member self-employed? YES NO
 Who is self-employed? _____ Gross Income per month: _____

What type of work does this person do? _____

2.) Does any household member receive pay from the military? YES NO
 Who is paid by the military? _____ Gross Income per month: _____
 Which branch of the military? _____
 Contact Person: _____ Phone: _____

3.) Does any household member receive any payments from the Social Security Administration? YES NO
 Who receives payments from the Social Security Office? _____
 Which type: SS SSI OTHER Gross Income per month: _____

4.) Does any household member receive severance pay or worker's compensation? YES NO
 Who is receiving severance pay or worker's compensation? _____
 Amount per month: _____ Which company pays them? _____
 Contact Person: _____ Phone: _____

5.) Is any household member unemployed and receiving payments from an Unemployment Agency? YES NO
 Who is receiving unemployment benefits? _____
 Amount per month: _____ Contact Person: _____ Phone: _____

6.) Does any household member receive payments from a pension, annuity or retirement account? YES NO
 Please circle one: Pension Annuity Other Retirement
 Who receives these benefits? _____ AMT \$ _____ PER _____
 Company or Source? _____ Contact Person: _____ Phone: _____

7.) Are there any other sources of income we have not already asked you about that you receive? YES NO
 Please describe: _____ AMT \$ _____ PER _____

8.) Does your household expect any changes in their income within the next 12 months? YES NO
 Please describe: _____ AMT \$ _____ PER _____

ASSET INFORMATION

List Checking, Savings, 401K, CD, Money Market, IRA, or any other assets

Institution Name: _____ Type of Account: _____ Current Balance: _____

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VEHICLE INFORMATION

List any cars, trucks or other vehicles owned.

Type of Vehicle: _____ Year/Make: _____ Color: _____

License Plate#: _____ State: _____

Type of Vehicle: _____ Year/Make: _____ Color: _____

License Plate#: _____ State: _____

SPECIAL NEEDS

Does anyone in the family have special needs? YES NO

Are special living accommodations required? YES NO

Please explain:

MARKETING / ADVERTISING

How did you hear about us? Check or complete: Resident Referral – Name of Resident: _____

Landlord Referral – Name of Landlord: _____

Apartment Guide Other: _____

Facebook - _____

Newspaper Flyer

Website- (indicate site) _____

**Please return completed application with \$10 application fee payable by cash or money order only to:
Property Manager via email mnelson@rchawv.org, fax to 304-636-6596, mail to
Highland Community Builders Property Management
PO Box 1579, Elkins, WV 26241 or deliver to office or drop box outside of the office located at
2280 Randolph Avenue, Elkins, WV 26241**

We will contact you to let you know if we have an apartment that might fulfill your needs. Thank you.