

RENTAL APPLICATION

PLEASE PRINT ALL INFORMATION **Incomplete or illegible applications will not be accepted** **\$15 Nonrefundable Application Fee**

(Office Use Only. Do not write in this box. Date Received: _____ Time Received: _____ Initials: _____ Paid: YES NO)

Applicant Name: _____ Phone: _____

Alternate Phone: _____

Applicant Two Name: _____ Phone: _____

Alternate Phone: _____

Are you interested in a specific apartment/building or a specific area? _____

Do you have a Section 8 Housing Voucher? Circle one: YES NO Voucher Expiration Date: _____ # Of Bedrooms Requested _____

Social Security Number _____ Applicant One: Date of Birth: _____

Social Security Number _____ Applicant Two: Date of Birth: _____

Applicant One: Married Divorced Separated Single/Never Married Applicant Two: Married Divorced Separated Single/Never Married

RESIDENTIAL / RENTAL HISTORY

CURRENT ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

LANDLORD'S NAME: _____ PHONE: _____

HOW LONG AT PRESENT ADDRESS? _____ CIRCLE ONE: OWN RENT OTHER

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

REASON FOR MOVING: _____

FORMER ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

LANDLORD'S NAME: _____ PHONE: _____

HOW LONG AT FORMER ADDRESS: _____

CIRCLE ONE: OWN RENT OTHER RENT / MORTGAGE AMOUNT YOU PAID: \$ _____ UTILITIES: \$ _____

REASON FOR MOVING: _____

INCOME

CIRCLE ONE: SOCIAL SECURITY RETIREMENT SS DISABILITY AMOUNT: \$ _____

PLEASE PROVIDE A COPY OF YOUR BENEFIT LETTER FROM SOCIAL SECURITY, SSI OR RETIREMENT

ARE YOU EMPLOYED: YES NO - **IF YES, PLEASE PROVIDE 8 WEEKS OF PAYCHECK STUBS**

EMPLOYER: _____ PHONE: _____

MONTHLY GROSS INCOME: \$ _____

I understand that the information provided on this application will be used to determine my eligibility for Section 42 compliant properties and others. I certify that the information I provide is true and accurate to the best of my knowledge. I understand that providing false information is consider fraud and punishable according to the law and may result in the loss of my housing at this property. In order for us to determine your eligibility, you must provide all information included in this application. This information is considered confidential and will only be used as necessary in determining your eligibility for a Federal Affordable Housing Program.

I do hereby authorize this prospective landlord 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 this requester 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: _____

SIGNATURE OF APPLICANT: _____ DATE: _____

Equal Opportunity Providers



Please read each question carefully, answer each question completely and be prepared to verify items circled "yes". 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	Student Part Time	N/A
1.	HEAD						
2.							
3.							
4.							
5.							
6.							

- 1.) Do you anticipate any changes in the size of your household **within the next 12 months**? YES NO
 (Examples: a future spouse, a minor entering the home through adoption, children returning from foster care, etc.)
 If YES, please explain here: _____
- 2.) Will anyone under age 18 listed above live in the unit **less than** 50% of the next 12 months? YES NO
 If YES, please explain here: _____
- 3.) Does any member in your household have a disability and require a live-in care attendant? YES NO
- 4.) Is any adult member of your household separated, but not divorced? YES NO
- 5.) Has your household applied to receive Section 8 rental or voucher assistance? YES NO
- 6.) Are you or any member of your household subject to sex offender registry in any state? YES NO
- 7.) Have you or any member of your household been arrested for any misdemeanors? YES NO or felonies? YES NO
- 8.) Are you able to have electric and/or gas service turned on in your own name if needed? YES NO

STUDENT ELIGIBILITY QUESTIONS

- 1.) Are **ALL** members of your household full-time students? YES NO
- 2.) Will **ALL** members of your household be full-time students during any 5 months of this year? YES NO
- 3.) Will **ALL** members of your household be full-time students during any 5 months of next year? YES NO
- 4.) Is **ANY ADULT** member of your household a part-time or full-time student in an institute of higher education? YES NO
 If yes, who is enrolled? _____
 Name of Institution _____
- 5.) Does **ANY ADULT** member of your household intend to become a student **within the next 12 months**? YES NO
 If yes, who will be enrolling? _____ Name of Institution: _____
 If yes, will they be enrolling as a full-time or part-time student? _____

ALIMONY / CHILD SUPPORT INFORMATION

- 1.) Has any member of your household ever been **COURT ORDERED** to receive Child Support or Alimony payments, even if no child support or alimony is being received? (Case #) _____ YES NO

IF "NO" SKIP TO NEXT SECTION

- a.) Name of person with court order: _____ Payment Amount:\$ _____ per _____
- b.) Name of persons(s) paying support alimony: _____



Are the **FULL** court-ordered amounts(s) being received? YES NO

If **“NO”**, are you making efforts to collect the amounts due? YES NO

If **“YES”** please explain the efforts you’re making here: _____

2.) Does any member of your household receive Child Support or Alimony payments that are NOT COURT ORDERED? (This includes help from child’s father or mother for clothes, groceries etc.) YES NO

IF “NO” SKIP TO NEXT SECTION

a.) Payment Amount: \$ _____ per _____

b.) Name of person(s) paying support/alimony: _____

_____ Phone#: _____ for child: _____
_____ Phone#: _____ for child: _____

INCOME

1.) Is any member of the household employed? YES NO

Who is employed? _____ Gross Income per month: _____

What company? _____ Phone: _____

Are there are any additional jobs in the household? YES NO (attach a separate sheet with income information)

2.) Is any household member self-employed? YES NO

Who is self-employed? _____ Gross Income per month: _____

What type of work does this person do? _____

3.) Are any adult members of your household unemployed? YES NO

Which adult members are unemployed? _____

4.) 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: _____

5.) 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: _____

6.) 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: _____

7.) 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: _____

8.) Does any household member receive Public Assistance payments such as TANF or AFDC? YES NO
(DO NOT INCLUDE FOOD STAMP BENEFITS HERE)

Who is receiving TANF or AFDC benefits? _____

Amount per month: _____

Caseworker Name: _____ Phone: _____

9.) Does any household member receive periodic payments from a pension, annuity or retirement benefit account? YES NO

Please circle one: Pension Annuity Other Retirement
Who receives these benefits? _____ AMT \$ _____ PER _____

What company pays this person? _____

Contact Person: _____ Phone: _____



- 10.) Does anyone outside of your household provide you with cash or contributions to help pay expenses that a household would normally pay, such as rent, utility payments or groceries? YES NO
 What is the name of the person that pays you? _____ AMT \$ _____ PER _____
 What is their address? _____
 Phone number? _____
- 11.) Are there any other sources of income we have not already asked you about that you receive? YES NO
 Please describe: _____ AMT \$ _____ PER _____
- 12.) Does your household expect any changes in their income *within the next 12 months*? YES NO
 Please describe: _____ AMT \$ _____ PER _____
- 13.) Does your household receive long-term care insurance payments, in excess of \$180 per day, for a family member residing in a long-term facility? YES NO
 AMT \$ _____ PER _____
- Which household member is in a long-term facility? _____
 Which household member are the payments made to? _____
 What company pays this person? _____
 Contact Person: _____ Phone: _____
- 14.) Do any adult members of your household have zero income? YES NO
 Which adult members have zero income? _____

ACCOUNTS / ASSETS

The questions regarding household accounts / assets apply to all members of your household, including minors and those temporarily absent from the home.

- 1.) Does any household member have a Checking, Savings, CD or Money Market account? YES NO
 Bank 1.) Bank Name: _____ Name on Account: _____
 Bank 2.) Bank Name: _____ Name on Account: _____
 Account Type: Checking Savings CD Money Market
 Check if there are additional accounts of these types belonging to the household.
 (Attach a separate sheet with the bank name, account type and name(s) on the account)
- 2.) Does any household member have Stocks, Bonds, Mutual Funds, Capital Investments or a Whole Life Insurance Policy? YES NO
 (Life insurance that you can make withdrawals from even if there is not a death. We do not count TERM insurance.)
 Institution Name: _____ Name(s) on Account: _____
 Phone: _____
- 3.) Does any household member have an IRA, Keogh, 401K or other retirement account? YES NO
 Institution Name: _____ Name(s) on Account: _____
 Contact Phone: _____ Account Type: IRA Keogh 401K Other: _____
- 4.) Does any household member have a Pension Account that will pay upon retirement or termination of unemployment – NOT including IRA, Keogh, 401K or Annuity? YES NO
 Institution Name: _____ Name(s) on Account: _____
 Contact Phone: _____ Account Type: IRA Keogh 401K Other: _____
- 5.) Does any household member own any Real Estate? YES NO
 (Include rental property, primary residence, vacation property, timeshares, commercial property or property being sold by deed of trust or contracts for deed)
 Property Owner(s): _____ Type of Property: _____
 What is the name of the bank or institution with financial interest in this property? (Mortgage Hold, Contract owner, etc.)
 Contact: _____ Phone: _____
- 6.) Does any household member have personal property that they hold for investment purposes that they plan to sell later for profit? (Examples include coin or stamp collections, antique cars, jewelry, etc.) YES NO
 Property Type: _____ Estimated Cash Value: \$ _____



- 7.) Does any household member have a Trust Account? YES NO
 Institution Name: _____ Name(s) on Account: _____
 Is this account a Revocable or Non-Revocable Trust Account? _____ Contact Phone: _____
- 8.) Does any household member have any Treasury Bills or Government Savings Bonds? YES NO
- 9.) Which household member: _____
 Series: _____ Face Value: \$ _____ Serial#: _____ Issue Date: _____
- 10.) Does any household member have cash on hand or safe deposit boxes? YES NO
 Which household member: _____ What amount is kept on hand? \$ _____
- 11.) Does any household member have any accounts or assets that were not described above? YES NO
 (Please DO NOT include personal use vehicles, furniture, clothing, etc.)
 What type of account or asset is this? _____
 What is the estimated value of this asset if you were to sell it today? \$ _____
- 12.) In the past two years, has any household member given away any asset(s) for less than they were worth? YES NO
 (Examples include property, transferring an asset account into someone else's name, charitable contributions etc.)
 What was the estimated value of this asset? _____

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: _____

PETS

Do you have any pets? YES NO If Yes, what kind of pet(s) _____

MARKETING / ADVERTISING

How did you hear about us? Circle or complete: Resident Referral – Name of Resident: _____
 Newspaper _____ Flyer _____ Apartment Guide _____ Other: _____

CITIZENSHIP STATUS DECLARATION

Applicant 1: I, _____ hereby declare, under penalty of perjury, that I am a citizen
 Print first name, middle initial and last name
 or national of the United States. Signature _____ Date: _____ Check here if adult signed for child _____

Applicant 2: I, _____ hereby declare, under penalty of perjury, that I am a citizen
 Print first name, middle initial and last name
 or national of the United States. Signature _____ Date: _____ Check here if adult signed for child _____

**Please return completed application with \$15 application fee to Randolph County Housing Authority:
 Property Manager via email mteter@rchawv.org, facsimile 304-636-6596 or mail to
 PO Box 1579, Elkins, WV 26241 or leave in the drop box outside of the office located at
 2280 Randolph Avenue, Elkins, WV 26241**

Checks or Money Orders should be made payable to: RCHA

