

# 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: \_\_\_\_\_

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

List each state this person has ever lived in: \_\_\_\_\_

Applicant Two Name: \_\_\_\_\_

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

List each state this person has ever lived in: \_\_\_\_\_

If interested in a specific apartment or area, list that here: \_\_\_\_\_

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

Applicant One: Social Security Number \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Applicant Two: Social Security Number \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

## **RESIDENTIAL / RENTAL HISTORY** **Application cannot be processed without a current address**

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: \$ \_\_\_\_\_ UTILITES: \$ \_\_\_\_\_

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: \_\_\_\_\_



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.                    | <b>HEAD</b>                       |            |            |                        |                   |                   |     |
| 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 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  
 Which household member: \_\_\_\_\_  
 Series: \_\_\_\_\_ Face Value: \$ \_\_\_\_\_ Serial#: \_\_\_\_\_ Issue Date: \_\_\_\_\_
- 9.) Does any household member have cash on hand or in safe deposit boxes? YES NO  
 Which household member: \_\_\_\_\_ What amount is kept on hand? \$ \_\_\_\_\_
- 10.) 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? \$ \_\_\_\_\_
- 11.) 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](mailto:mteter@rchawv.org), facsimile 304-636-6596 or mail to  
RCHA at 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  
We do not accept payments by phone or online**

