

Office Use Only-Do Not Write in This Box

Date Received: _____

Time Received: _____ AM/PM

Initials _____ Paid: Yes/No

Rental Application \$25 Application Fee

Incomplete or illegible applications will not be accepted.

Applicant Name: _____

Previous Names (maiden, alias, previous married, etc): _____

Email: _____ Phone: _____

List each state this person has ever lived in: _____

Current Address: _____ City: _____ State: _____ Zip: _____

Co-Applicant Name: _____

Previous Names (maiden, alias, previous married, etc): _____

Email: _____ Phone: _____

List each state this person has ever lived in: _____

Current Address: _____ City: _____ State: _____ Zip: _____

If you are interested in a specific apartment or area, list that here: _____

How many bedrooms are you requesting? 1BR 2BR 3BR 4BR Other(please specify)_____

Household Composition

List all household members who will live in the unit for the next twelve months. Be sure to include any temporarily absent family members who are still considered family members and who will be returning to the household.

Last Name	First Name	Middle Initial	Relationship to Head of Household	Gender M/F	Social Security Number	Date of Birth (mm/dd/yyyy)	Marital Status*
			Head of Household				

*Marital Status - Please list the applicable number in the last column: 1-married 2-Single 3-Divorced 4-Separated 5-Widowed

Do you have a Section 8 Housing Choice Voucher? Yes No Have Applied

Voucher Expiration Date (if known): _____

Residential History

Current Residency Information				
Street Address	City	State	Zip	County
Mailing Address (Please check below and list mailing address if different)			Monthly Payment:	
<input type="checkbox"/> If different from current residency address, list mailing address here: _____			\$	
Current Landlord	Landlord's Email Address	Landlord's Phone Number		

Previous Housing History

Street Address	City	State	Zip	County
Previous Landlord Name:		Monthly Payment:		
Landlord Email/Phone:		Dates Occupied:		
Reason for moving:		From: _____		
		To: _____		

Street Address	City	State	Zip	County
Previous Landlord Name:		Monthly Payment:		
Landlord Email/Phone:		Dates Occupied:		
Reason for moving:		From: _____		
		To: _____		

Household Composition Questions

- Yes No Do you anticipate any changes in the size of your household within the next 12 months?
If yes, please explain: _____
- Yes No Will anyone under the age of 18 listed above live in the unit less than 50% of the next 12 months? If yes, please explain: _____
- Yes No Does any member of the household have a disability AND require a live-in care attendant?
- Yes No Is any adult member of the household separated, but not divorced?

Income Information for Everyone in Household

Income Source	Please list all sources of income and/or benefits in detail in the table below for every household member. Be sure to include all sources identified in the previous questions.
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Name of person working or receiving benefits/income	Employer and/or Source of Income (include company name, address, phone number, fax, email, and name of person that can verify if applicable)	Annual or Monthly Gross Income
		\$
		\$
		\$
		\$
		\$

- Yes No Is anyone in the household employed?
- Yes No Does anyone have anticipated income that has been secured/awarded but not started? (i.e. employment offer has been accepted but first day of work has not taken place and/or notification of benefits to be received from SSA or VA but first payment has not been received yet)
- Yes No Is anyone self-employed?
- Yes No Are any adult household members claiming zero income? Who? _____
- Yes No Regular pay as a member of the Armed Forces/Military?
- Yes No Social Security, SSI, or other payments from the Social Security Office?
- Yes No Unemployment benefits, Workman’s Compensation, or Disability Compensation?
- Yes No Public assistance, General Relief, AFDC, or TANF? Do not include food **stamps**/SNAP.
- Yes No Entitled to receive alimony and/or child support? (court ordered or legal agreement)
- Yes No Regular payments from Veteran’s benefits, pension, retirement, or annuity?
- Yes No Regular payments from a severance package?
- Yes No Regular payments from any type of settlement?
- Yes No Regular gifts or payments from anyone outside the household?

Income Information Continued from Previous Page

- Yes No Regular payments from lottery winnings or inheritance?
- Yes No Regular payments from rental property or other real estate transactions?
- Yes No Long-term care insurance payments more than \$180 per day for a family member residing in a long-term care facility?
- Yes No Any other source of income not already listed?
- Yes No Expect any changes to household income in next 12 months? If yes, explain _____

Asset Information for Everyone in the Household

Asset Source(s)	Please list all asset sources in the table below. Be sure to include all sources identified in the questions below for EVERY household member.
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Name (<u>person with account</u>)	Source of Asset Include financial institution name, address, phone, fax, email	Type of Account	Current Cash Value
			\$
			\$
			\$
			\$
			\$

- Yes No Checking Account?
- Yes No Savings Account?
- Yes No CD, Money Market, Direct Express Card, or any other pre-paid debit card?
- Yes No Stocks, bonds, securities, mutual funds, and/or treasury bills?
- Yes No Revocable trust fund, annuity, IRA, 401K and/or other retirement fund?
- Yes No Whole life insurance policy? Do not count term life insurance policies, only count policies that you can withdraw cash from even if there is not a death.
- Yes No Real estate, a home, rental property, land, land contract/contract for deeds or other real estate holdings?
- Yes No Personal property held as an investment? Including stamp/coin collections, artwork, antiques, NOT your personal belongings.

Asset Information Continued from Previous Page

- Yes No Funeral and/or burial account? Only include policies with accumulation of equity that can be cashed in.
- Yes No Does any household member expect to receive a cash settlement or lump sum in the next 12 months?
- Yes No Has any member of the household disposed of or given away any assets for less than fair market value in the last 24 months?
- Yes No Cash on hand, at home, or held in a safety deposit box?
- Yes No Any other assets that are not listed above?

Student Information for Everyone in the Household

- Yes No Does your household currently consist entirely of persons who are full-time students?
- Yes No Does your household anticipate becoming a household that would consist entirely of full-time students in the next 12 months?
- Yes No Does your household consist of any person who were full-time students during any 5 months of the current calendar year?
- Yes No Does your household consist of any adult who are part-time students?
- Yes No Will any member of your household be a part or full-time student in the next 12 months?

Other Information

- Yes No Are you able to obtain utility service in your name?
- Yes No Do you have or plan to obtain renters insurance? *Not required, but is recommended*
- Yes No Have you or any member of the household ever been evicted, or are currently under eviction from a rental unit? If yes, please explain: _____

- Yes No Have you or any member of the household been convicted of any misdemeanors?
- Yes No Have you or any member of the household been convicted of any felonies?
- Yes No Have you or any member of the household required to register as a sex offender?
- Yes No Have you or any member of the household had a drug related conviction?
- Yes No Do you plan to have a pet(s) in the apartment? Note that there is a limit of 2 pets per apartment, each pet cannot be larger than 40 pounds when fully grown, and you will need to provide proof that they are up to date on all vaccinations and are actively being given flea prevention products. There will be a one-time \$200 nonrefundable pet fee per pet.
- Yes No Will you have or plan to have a service or emotional support animal?

Special Needs

- Yes No Does anyone in the household have special needs that should be considered? If yes, please explain what those needs are: _____
- Yes No Are special living accommodations required? If yes, please explain: _____

Vehicle Information

How many vehicles do you own? None One Two Other: _____

Vehicle 1 Year _____ Make _____ Model _____ Color _____

Vehicle 2 Year _____ Make _____ Model _____ Color _____

Marketing/Advertising

How did you hear about us? If referred from another resident, what is their name? _____

Circle any that apply- Newspaper Flyer Website Bulletin Board at RCHA Other _____

Citizenship Status Declaration

Applicant 1: I, _____ hereby declare that, under penalty of perjury, that I am a citizen of the United State. Signature _____ Date _____ Check here if adult signed for child ____

Applicant 2: I, _____ hereby declare that, under penalty of perjury, that I am a citizen of the United State. Signature _____ Date _____ Check here if adult signed for child ____

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 considered fraud and punishable according to the law and may result in the loss of my housing at this property and/or denial of my rental application. 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, land lord, credit bureau, group or organization regarding my income or assets or other information, which may be necessary to complete my application for rental consideration.

Applicant 1 Signature _____ Date _____

Applicant 2 Signature _____ Date _____

Return completed application along with \$25 application fee to Randolph County Housing Authority located at 2280 Randolph Ave, Elkins, WV 26241, by fax to 304-636-6596, or via email at mteter@rchawv.org. Applications can also be placed in the drop box at the above address. Checks or money orders should be made payable to RCHA. We do not accept payments by phone or online.