columbus
PROPERTY MANAGEMENT

Rental Application – District 2 Market

Si usted no comprende lo que está escrito a continuación, por favor solicite nuestros servicios de tradución

(If you do not understand what is written below, please ask for our translation services)

APPLICANT NAME: _____
ADDRESS: _____
CITY, STATE ZIP _____
HOME PHONE: _____
CELL PHONE: _____
EMAIL ADDRESS: _____

CO-APPLICANT: _____
ADDRESS: _____
CITY, STATE ZIP _____
HOME PHONE: _____
CELL PHONE: _____
EMAIL ADDRESS: _____

HOUSEHOLD COMPOSITION AND CHARACTERISTICS:

List the Head of Household and all other members who will be living in the unit. Give the relations of each family member to the Head. Note that columns with a * below indicate optional fields.

HHD #	MEMBER'S FULL NAME	RELA-TION	BIRTH DATE	AGE	SEX *	RACE *	MARTIAL STATUS	HISP. Y/N/D *	F/T STUD Y/N	SOCIAL SECURITY NO.
1										
2										
3										
4										
5										

Race of Head of Household: indicate in box above (For statistical purposes only).

1	American Indian/Alaskan Native	5	Asian	9	Black/African American
2	Native Hawaiian/Other Pacific Islander	6	White	10	American Indian/Alaskan Native & White
3	Black/African American & White	7	Asian & White	11	Decline to answer
4	Other Multi-Racial	8	American Indian/Alaskan	12	Native & Black/African American

1. **Property Information**
   a. **Please indicate the property you are applying for:** _____
2. **Bedroom Size:**
   List your bedroom size preference when applicable (1 being your first choice)
   Efficiency ____ **1 Bedroom** ____ **2 bedroom** ____ **3 Bedroom** _____

3. Are all household members U.S. citizens? □ Yes □ No
4. Does anyone live with you who is **not** listed above? □ Yes □ No
5. Do you expect a change in household composition? □ Yes □ No

   Explain if you answered yes to question #3 or #4: _____
6. Is the Head of Household a veteran? □ Yes □ No

RENTAL HISTORY:

Name and Address of Head's Present Landlord:

_____ Telephone No._____

_____ How long have you lived there?_____

_____ Reason for leaving:_____

Name and Address of Head's Former Landlord:

_____ Telephone No._____

_____ How long did you live there?_____

_____ Reason for leaving:_____

Name and Address of Spouse/Co-Applicant's Present Landlord:

_____ Telephone No._____

_____ How long have you lived there?_____

_____ Reason for leaving:_____

Name and Address of Spouse/Co-Applicant's Former Landlord:

_____ Telephone No._____

_____ How long have you lived there?_____

_____ Reason for leaving

List all of the **states** where all household members have ever lived:_____

Applicant's Automobile License Plate Number:

_____

Make:_____Model:_____Year:_____

Driver's License Number:

_____

Co Applicants Automobile License Plate Number:

_____

Make:_____Model:_____Year:_____

Driver's License Number:

_____

Income Information

MEMBER NO/ NAME	SOURCE OF INCOME/TYPE OF INCOME (list each separately)	ANNUAL INCOME
		TOTAL ANNUAL INCOME

EMPLOYMENT HISTORY INFORMATION:

Name and Address of Head's Present Employer

_____ Telephone No._____

_____ Supervisor's Name:_____

_____ Start Date of Employment:_____

Name and Address of Head's 2nd Employer:

_____ Telephone No._____

_____ Supervisor's Name:_____

_____ Start Date of Employment:_____

Name and Address of Other Adult's Employer:

_____ Telephone No._____

_____ Supervisor's Name:_____

_____ Start Date of Employment:_____

Name and Address of Other Adults 2nd Employer:

_____ Telephone No._____

_____ Supervisor's Name:_____

_____ Start Date of Employment:_____

HAVE YOU EVER:

Head of Household, Co-Applicant or any other adult* member of household:

□ Yes □ No Filed bankruptcy? If yes, when?_____

□ Yes □ No Been evicted within the last 3 years? If yes from where?_____

□ Yes □ No Refused to pay rent? If yes, why?_____

APPLICANT CERTIFICATION:

I/we certify that my/our application is accepted, the unit I/we occupy will be my/our only residence. I/we understand that the above information is being collected to determine my/our eligibility for housing. I/we authorize the Agency to verify all information provided on this application and to order a consumer credit report and to contact previous or current landlords or other sources of credit and verification information which may be released to appropriate Federal, State or local agencies. I/we certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/we understand that false statements or information are punishable under Federal law. I/We understand this application may be rejected as the result of my/our misrepresentation or insufficient information. **Applicants denied or rejected for any reason may not reapply for ninety (90) days from the date of denial/rejection, but will be entitled to receive notice of the basis for denial or adverse action and have the right to receive a copy of any summary of information obtained from a third-party forming the basis for any such denial or adverse action. Applicants may challenge any adverse action or denial and may provide evidence of the inaccuracy of any information relied upon in the Application being denied.**

_____ _____

Head of Household Date Spouse/Co-Applicant/Other Adult Date

_____ _____

Spouse/Co-Applicant/Other Adult Date Manager/Owner/Agent Date