columbus
PROPERTY MANAGEMENT

Rental Application – District 2

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. **Student Information**
   - **a. Are any household members students or anticipate becoming a student within the next 12 months?** □ **Yes** □ **No**
     If yes to question 1, list the member's names: _____
   - **b. Do any of these household members expect to be a student for 5 months or more in the current or upcoming calendar year? (Months need not be consecutive)** □ **Yes** □ **No**
   - **c. If <u>all</u> household members are students, do any of the following <u>exceptions</u> apply?**
     i. Is any member receiving TANF/ TCA assistance? □ Yes □ No
     ii. Is any member a participant in a job training program? □ Yes □ No
     iii. Does your household qualify as a single parent with a dependent child? □ Yes □ No
     iv. Are you married and filing a joint tax return? □ Yes □ No
     v. Has anyone in your household been a participant in the Foster Care program? □ Yes □ No
2. Are all household members U.S. citizens? □ Yes □ No
3. Does anyone live with you who is **not** listed above? □ Yes □ No
4. Do you expect a change in household composition? □ Yes □ No

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

RENTAL HISTORY:

Are you now living in a subsidized unit? □ Yes □ No

Name of Complex:_____

Name of Manager:_____ Managers Telephone Number:_____

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:

Please answer each of the following questions. For each "yes," provide details in the box below.
Does any member of your household:

YES	NO		
□ Yes	□ No	1.	Work full-time, part-time or seasonally?
□ Yes	□ No	2.	Work as self-employed, independent contractor or contracted employee?
□ Yes	□ No	3.	Expect to work for any period during the next 12 months?
□ Yes	□ No	4.	Work for someone who pays them cash?
□ Yes	□ No	5.	Expect a leave of absence from work due to lay-off, medical, maternity or military leave?
□ Yes	□ No	6.	Now receive or expect to receive unemployment benefits?

□ Yes	□ No	7.	Now receive or expect to receive child support/alimony (Circle one)?
□ Yes	□ No	8.	Entitled to child support that he/she is not receiving?
□ Yes	□ No	9.	Have an entitlement to receive alimony that is not currently being received?
□ Yes	□ No	10.	Now receive or expect to receive public assistance (TANF)?
□ Yes	□ No	11.	Now receive or expect to receive Social Security or Disability benefits?
□ Yes	□ No	12.	Now receive or expect to receive income from a pension or annuity?
□ Yes	□ No	13.	Now receive or expect to receive regular contributions from organizations or from individuals not living in the unit?

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:_____

ASSET INFORMATION:

1. List all assets (examples: checking account, savings accounts, real estate, stocks, bonds, pensions, life insurance, IRAs, Keogh accounts, 401K, and Certificates of Deposit) of all household members: ***(continue on separate page if necessary)***

MEMBER NO/ NAME	INSTITUTION	TYPE OF ACCOUNT	ACCOUNT NUMBER	BALANCE

2. List any assets disposed of for less than their fair market value during the past two years:
_____

EXPENSE INFORMATION: (for households subsidized by CPM or affiliate):

If Not Applicable, check this box and skip to the next section: NA □

□ Yes □ No Do you have expenses for child care of a child aged 12 or younger?
If yes, provide the name, address and telephone number of the primary care provider:
_____

□ Yes □ No Do you pay a care attendant for any equipment and/or for any disabled household member(s) necessary to permit that person or someone else in the household to work?
If you pay a care attendant, provide their name, address and telephone number:
_____

□ Yes □ No Do you have any medical insurance that you pay for out of pocket? If yes, provide the name and address of carrier: _____
What medical expenses do you expect to incur in the next 12 months? _____

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? If yes from where?_____
□ Yes □ No Refused to pay rent? If yes, why?_____
□ Yes □ No Are you or anyone in your household subject to a lifetime sex offender registration? _____

Does at least one household member meet the following definition of disability □ Yes □ No

The definition of disabled is a person who has a physical or mental impairment that substantially limits one or more major life activity. (Information gathered for unit accessibility/ program purposes).

Please identify any accommodations your household has:_____

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.**

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

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