

**ENGLEWOOD HOUSING AUTHORITY
MARKET RENTAL APPLICATION**

PLEASE PRINT CLEARLY

NAME OF HEAD OF HOUSEHOLD: _____

SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____

OCCUPATION: _____ EMPLOYER: _____

EMPLOYER ADDRESS: _____

CONTACT NAME: _____ TITLE: _____

PHONE # _____

LENGTH OF EMPLOYMENT: _____ YRS. _____ MOS. SALARY \$ _____ YR/MO

OTHER ADULT HOUSEHOLD MEMBERS:

NAME: _____

SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____

OCCUPATION: _____ EMPLOYER: _____

EMPLOYER ADDRESS: _____

CONTACT NAME: _____ TITLE: _____

LENGTH OF EMPLOYMENT: _____ YRS. _____ MOS. SALARY \$ _____ YR/MO

NAME: _____

SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____

OCCUPATION: _____ EMPLOYER: _____

EMPLOYER ADDRESS: _____

CONTACT NAME: _____ TITLE: _____

LENGTH OF EMPLOYMENT: _____ YRS. _____ MOS. SALARY \$ _____ YR/MO

LIST MINORS WHO WILL LIVE IN THE UNIT WITH YOU:

	<u>LAST</u>	<u>FIRST</u>	<u>BIRTH</u>	<u>M/F</u>	<u>SOCIAL SECURITY #</u>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____

CURRENT DWELLING INFORMATION:

Head of Household: *CURRENT STREET ADDRESS:* _____
CITY/STATE/ZIP CODE: _____
HOME TELE. #: _____ HOW LONG AT THIS ADDRESS _____ YR _____ MOS.
OWNER/MANAGER CONTACT: _____ BUS. TELE.# _____
ADDRESS OF SAME: _____ OTHER TELE.# _____
REASON FOR LEAVING: _____

Other Adult: *CURRENT STREET ADDRESS:* _____
CITY/STATE/ZIP CODE: _____
HOME TELE. #: _____ HOW LONG AT THIS ADDRESS _____ YR _____ MOS.
OWNER/MANAGER CONTACT: _____ BUS. TELE.# _____
ADDRESS OF SAME: _____ OTHER TELE.# _____
REASON FOR LEAVING: _____

Other Adult: *CURRENT STREET ADDRESS:* _____
CITY/STATE/ZIP CODE: _____
HOME TELE. #: _____ HOW LONG AT THIS ADDRESS _____ YR _____ MOS.

OWNER/MANAGER CONTACT: _____ BUS. TELE.# _____

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ADDRESS OF SAME: _____ OTHER TELE.# _____
REASON FOR LEAVING: _____

PREVIOUS DWELLING INFORMATION: (All applicants are required to submit two previous landlord references.)

Head of Household: PREVIOUS STREET ADDRESS: _____
CITY/STATE/ZIP CODE: _____
HOME TELE. #: _____ HOW LONG AT THIS ADDRESS _____ YR _____ MOS.
OWNER/MANAGER CONTACT: _____ BUS. TELE.# _____
ADDRESS OF SAME: _____ OTHER TELE.# _____
REASON FOR LEAVING: _____

Head of Household: PREVIOUS STREET ADDRESS: _____
CITY/STATE/ZIP CODE: _____
HOME TELE. #: _____ HOW LONG AT THIS ADDRESS _____ YR _____ MOS.
OWNER/MANAGER CONTACT: _____ BUS. TELE.# _____
ADDRESS OF SAME: _____ OTHER TELE.# _____
REASON FOR LEAVING: _____

Other Adult: PREVIOUS STREET ADDRESS: _____
CITY/STATE/ZIP CODE: _____
HOME TELE. #: _____ HOW LONG AT THIS ADDRESS _____ YR _____ MOS.
OWNER/MANAGER CONTACT: _____ BUS. TELE.# _____
ADDRESS OF SAME: _____ OTHER TELE.# _____
REASON FOR LEAVING: _____

Other Adult: PREVIOUS STREET ADDRESS: _____
CITY/STATE/ZIP CODE: _____
HOME TELE. #: _____ HOW LONG AT THIS ADDRESS _____ YR _____ MOS.
OWNER/MANAGER CONTACT: _____ BUS. TELE.# _____
ADDRESS OF SAME: _____ OTHER TELE.# _____
REASON FOR LEAVING: _____

Other Adult: PREVIOUS STREET ADDRESS: _____
CITY/STATE/ZIP CODE: _____
HOME TELE. #: _____ HOW LONG AT THIS ADDRESS _____ YR _____ MOS.
OWNER/MANAGER CONTACT: _____ BUS. TELE.# _____
ADDRESS OF SAME: _____ OTHER TELE.# _____
REASON FOR LEAVING: _____

Other Adult: PREVIOUS STREET ADDRESS: _____
CITY/STATE/ZIP CODE: _____
HOME TELE. #: _____ HOW LONG AT THIS ADDRESS _____ YR _____ MOS.
OWNER/MANAGER CONTACT: _____ BUS. TELE.# _____
ADDRESS OF SAME: _____ OTHER TELE.# _____
REASON FOR LEAVING: _____

Have any of the applicants been denied housing or ever been evicted? Yes No If yes, please explain;

Have any of the applicants or any member of your current household ever committed an illegal drug related or violent criminal act? Yes No If yes, please explain;

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Do you wish to have permission to have a pet? ___Yes ___No - If yes, how many? _____

What type of pet? _____

Emergency contact: _____

Telephone # _____ Address: _____

FINANCIAL REFERENCES:

Applicant #1:

BANK: _____ BRANCH/CITY: _____

TYPE: _____ ACCT. #: _____

Applicant #2:

BANK: _____ BRANCH/CITY: _____

TYPE: _____ ACCT. #: _____

Applicant #3:

BANK: _____ BRANCH/CITY: _____

TYPE: _____ ACCT. #: _____

Tenants must provide copy of current vehicle registration and valid insurance to be issued a parking permit.

Applicant #1:

AUTOMOBILE REGISTRATION: _____ STATE: _____

AUTO YEAR, MAKE, MODEL: _____

Applicant #2:

AUTOMOBILE REGISTRATION: _____ STATE: _____

AUTO YEAR, MAKE, MODEL: _____

Applicant #3:

AUTOMOBILE REGISTRATION: _____ STATE: _____

AUTO YEAR, MAKE, MODEL: _____

Applicant authorizes as part of agent's procedure for processing this application, preparation of an investigative consumer report whereby information is obtained through personal interviews with the applicant's neighbors, friends, and others with whom the applicant may be acquainted. This inquiry may involve requests for information such as the applicant's character, general reputation and personal characteristics. Permission is hereby granted by the applicant to any credit bureau to verify any information obtained from any source named herein and I further grant permission for the agent to request a Criminal/Police records report to determine whether there are arrests or convictions. Applicant hereby authorized any present or former landlord to give any information he or she may have regarding applicant in his or her capacity as a landlord. Further, applicant hereby releases such landlord or former landlord and his or her company or representatives thereof from any and all liability for any damage or injury whatsoever caused for issuing the same.

Unless otherwise stated, I further understand that I am responsible for paying a \$25.00 application fee at the time I submit this application either by a check, money order or certified funds.

The above information to the best of my knowledge is true and accurate;

Signature of Head of Household

Date

Signature of Co-Applicant

Date