

Bedrooms Desired

1BR 2BR 3BR

Applicant Information

Mr. Mrs. Ms. Last Name _____ First Name _____ Middle Initial _____

Social Security # or Temporary ID # (TIN) _____ Date of Birth _____

Street Address _____ Apartment # _____

City _____ State _____ Zip Code _____

Home Telephone _____ Work Telephone _____ Email Address _____

Please fill in your previous address here (if at current address for less than 2 years)

Street Address _____ Apartment # _____

City _____ State _____ Zip Code _____

Employment Information

Employer _____ How Long Employed? _____

Employer/Company Address _____ Supervisor's Name _____

Choose One: Annual Gross Income _____ Weekly Gross Income _____ Monthly Gross Income _____

Other Sources of Income _____

Gross Income Last Year _____ Expected Gross Income This Year _____

Co-Applicant Information (if applicable)

Mr. Mrs. Ms. Last Name _____ First Name _____ Middle Initial _____

Social Security # or Temporary ID # (TIN) _____ Date of Birth _____

Street Address _____ Apartment # _____

City _____ State _____ Zip Code _____

Home Telephone _____ Work Telephone _____ Email Address _____

Please fill in your previous address here (if at current address for less than 2 years)

Street Address _____ Apartment # _____

City _____ State _____ Zip Code _____

Employment Information

Employer _____ How Long Employed? _____

Employer/Company Address _____ Supervisor's Name _____

Choose One: Annual Gross Income _____ Weekly Gross Income _____ Monthly Gross Income _____

Other Sources of Income _____

Gross Income Last Year _____ Expected Gross Income This Year _____

Additional Occupants to be Living in the Apartment

(include everyone that will be living in the apartment including co-applicant)

First Name	Last Name	Age	Sex	Relation to Applicant
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Current Landlord

Name _____

Building Address & City _____

Landlord Address & City _____

Telephone Number _____

Rent _____ Number of Years _____

Previous Landlord

Name _____

Building Address & City _____

Landlord Address & City _____

Telephone Number _____

Rent _____ Number of Years _____

Rental Sources

Will any of your rent money come from sources other than the employment listed above? Yes No

If yes, please list other sources of income or rent payments:

Source of Income	Monthly Amount
1. SOCIAL SECURITY: _____	_____
2. PENSION: _____	_____
3. OTHER: _____	_____
4. OTHER: _____	_____

Do you as head of household or member of your house require a reasonable accommodation? Yes No

(Mark yes only if you currently receive SSI or SSD Benefits from the Social Security Administration or otherwise have a verifiable disability.)

Race/Ethnic/Language Background of Applicant

The following information is required for statistical purposes by the United States Department of Housing and Urban Development to insure non-discriminatory practices in the program. Providing this information is wholly voluntary and will not affect qualification in any way.

RACE	Is Primary Language Spoken by Head of Household English? Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> Black/African American	El lenguaje principal que habla el/la Jefe de la Familia; ¿es Espanol? Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> White	<input type="checkbox"/> Portuguese
<input type="checkbox"/> Asian	<input type="checkbox"/> French Creole
<input type="checkbox"/> Native Hawaiian/Other Pacific Islander	<input type="checkbox"/> Italian
<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Nigerian
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Prefer not to answer	

How did you hear about us? _____

Signature Clause: I/we represent and acknowledge that the landlord considers all information to be material in nature and understand that if selected for occupancy any false statements and/or information provided will be deemed material non-compliance with my lease and grounds for eviction. I/we understand that the above information is being collected to determine my/our eligibility. I/we certify that the statements made in this pre-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 authorize (NEED TO INSERT AGENCY NAME – FIRST COLUMBIA??) as the agent for the owner of this property, to complete the following part of the screening process in accordance with the Resident Selection Plan: Credit Checks, landlord tenant history, criminal background screening.

SIGNATURE OF APPLICANT _____ DATE _____

SIGNATURE OF CO-APPLICANT _____ DATE _____

SIGNATURE OF CO-APPLICANT _____ DATE _____

SIGNATURE OF CO-APPLICANT _____ DATE _____

SIGNATURE OF CO-APPLICANT _____ DATE _____

All people 18+ years and over must sign application