

APPLICATION FOR TENANCY
LEE COUNTY HOUSING INITIATIVE

APARTMENT COMPLEX _____

DATE GIVEN TO POTENTIAL TENANT _____

EACH ADULT MUST FULLY COMPLETE AN APPLICATION AND READ OUR RULES. WE COLLECT AS MANY APPLICATIONS AS POSSIBLE. WE CHECK REFERENCES FOR ALL APPLICANTS; WE DO NOT RENT TO ANYONE WHOSE REFERENCES WE CAN NOT CONTACT. WE DO NOT ALLOW ANYONE TO MOVE IN IMMEDIATELY. WE REQUIRE ONE PERSONAL NON-RELATIVE REFERENCE WHO HAS KNOWN YOU FOR 3 YEARS. WE DO NOT JUST RENT TO THE 1ST APPLICANT; WE RENT TO THE APPLICANT BEST SUITED TO THE PROGRAM AND SERVICES. WE MAKE DECISIONS BASED ON PERSONAL HISTORY, NOT PERSONAL APPEARANCE. WE REQUIRE PHOTO ID. WE MAY REQUIRE A CO-SIGNER.

NAME _____ MAIDEN NAME _____
HOME PHONE/MESSAGE _____ PHONE LISTED IN-NAME _____
WORK PHONE _____ DATE OF BIRTH _____
GUARDIAN OR LEGAL REPRESENTATIVE _____
GUARDIAN OR LEGAL REPRESENTATIVE ADDRESS _____
UNIT APPLIED FOR _____ POSSESSION DATE _____ CO-TENANT(S) _____

DO YOU REQUIRE A UNIT TO ACCOMMODATE A PERSON WITH A PHYSICAL DISABILITY? _____ YES _____ NO
DO YOU CURRENTLY RECEIVE ASSISTANCE IN MAINTAINING APARTMENT LIVING? _____ YES _____ NO
HAVE YOU GIVEN YOUR CURRENT LANDLORD WRITTEN NOTICE? _____ YES _____ NO
WHAT IS THE DEADLINE MOVE-OUT DATE FROM YOUR PRESENT ADDRESS? _____

SOCIAL SEC. # _____ DRIVER'S LIC. # _____ EXP. DATE _____ STATE _____

WE REQUIRE ALL OF YOUR ADDRESSES, LANDLORDS AND EMPLOYERS FOR THE PAST 3 YEARS. USE SEPARATE PAGES IF NECESSARY

PRESENT ADDRESS _____
LANDLORD _____ PHONE _____
DATES YOU LIVED THERE _____ WHY MOVING? _____
PREVIOUS ADDRESS(ES) 3 YEARS
ADDRESS _____ LANDLORD _____ PHONE # _____ DATES YOU LIVED THERE _____ WHY MOVING? _____

HAVE YOU EVER BEEN LATE IN RENT PAYMENTS? _____ YES _____ NO HAVE YOU EVER BEEN EVICTED? _____ YES _____ NO IF "YES" TO EITHER QUESTION, EXPLAIN ON ANOTHER SHEET OF PAPER.

PRESENT OCCUPATION _____ EMPLOYER _____
ADDRESS _____ PHONE _____
DATES OF EMPLOYMENT _____ SHIFT _____ DAY _____ NIGHT - SUPERVISOR _____

LIST ALL SOURCES OF INCOME AND ANNUAL AMOUNTS (INCLUDES ALL INCOME - EMPLOYMENT, RETIREMENT, PENSION, SOCIAL SECURITY, SUPPLEMENTAL SECURITY INCOME, ETC. INCLUDE NAME AND ADDRESS OF EMPLOYER IF APPLICABLE):

INCOME SOURCE	INCOME AMOUNT
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____

LIST OTHER ASSETS AND VALUE: _____

DO YOU HAVE A PAYEE WHO WILL BE MAKING RENT PAYMENTS? _____ YES _____ NO
PAYEE'S NAME _____ PHONE # _____
PAYEE'S ADDRESS _____

SMOKING: SMOKING IS NOT PERMITTED IN ANY UNIT WITHOUT THE WRITTEN PERMISSION OF ALL OCCUPANTS OF THAT UNIT. I AGREE TO LIVE IN A UNIT THAT ALLOWS SMOKING THROUGH WRITTEN PERMISSION. _____ YES _____ NO

SIGNATURE _____ DATE _____



We encourage and support the nation's affirmative housing program in which there are no barriers to obtaining housing because of race, color, religion, sex, national origin, handicap or familial status.



TO SPEED UP THE APPLICATION PROCESS, PLEASE PROVIDE CURRENT COPIES (LESS THAN 90 DAYS OLD) OF YOUR SOCIAL SECURITY AWARD LETTER, PENSION BENEFIT STATEMENT, STATEMENT OF WAGES OR EARNINGS, ETC.

BANKING, CREDIT AND PERSONAL PREFERENCES (specify account type such as checking or savings)

BANK ADDRESS ACCOUNT # (Checking/Savings) BALANCE

1.

2.

CREDIT REFERENCES ADDRESS ACCOUNT #

1.

2.

NAME 2-3 NON-RELATIVE PERSONS WHOM HAVE KNOWN YOU FOR AT LEAST 3 YEARS

PERSONAL REFERENCES ADDRESS TELEPHONE #

1.

2.

3.

IN CASE OF EMERGENCY, WE MAY CONTACT ONE OF THE FOLLOWING TWO PERSONS:

1.

HOME ()

WORK ()

2.

HOME ()

WORK ()

DO YOU NEED A PARKING SPACE FOR YOUR CAR: YES NO

YES, LIST THE FOLLOWING: ALL CARS/VEHICLES

DRIVER'S LICENSE # MAKE MODEL YEAR LICENSE PLATE #

WHICH OF THESE UTILITIES ARE CURRENTLY IN YOUR NAME? WATER SEWER GARBAGE GAS ELECTRICITY NONE
HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE? YES NO IF YES GIVE DETAILS & DATES.

HAVE YOU EVER BEEN PARTY TO ANY CRIMINAL OFFENSE? YES NO IF YES GIVE DETAILS & DATES.

PLEASE TELL US ANY OTHER INFORMATION ABOUT YOURSELF THAT MIGHT HELP US EVALUATE YOUR APPLICATION.

HAVE YOU BEEN OR ARE YOU PRESENTLY AN ILLEGAL ABUSER OF ANY CONTROLLED SUBSTANCE? YES NO
HAVE YOU EVER BEEN CONVICTED OF THE ILLEGAL MANUFACTURE, POSSESSION, OR DISTRIBUTION OF ANY CONTROLLED SUBSTANCE? YES NO

ARE YOU ABLE TO MEET THE REQUIREMENTS OF TENANCY? YES NO
IF NOT, DO YOU HAVE SOMEONE WHO CAN HELP YOU? YES NO CAN YOU OBTAIN A CO-SIGNER? YES NO
NO PETS IN THE UNIT? YES NO

CAN YOU READ? YES NO DID YOU COMPLETE THIS APPLICATION YOURSELF? YES NO
IF YOU DID NOT COMPLETE THE APPLICATION YOURSELF WHO HELPED YOU.

AUTHORIZATION - PLEASE READ CAREFULLY BEFORE SIGNING

IN CONSIDERING THIS APPLICATION FROM YOU, MANAGEMENT WILL RELY HEAVILY ON THE INFORMATION WHICH YOU HAVE SUPPLIED. IT IS IMPORTANT THAT THE INFORMATION BE ACCURATE AND COMPLETE. BY SIGNING THIS APPLICATION, YOU REPRESENT AND WARRANT THE ACCURACY OF THE INFORMATION, AND YOU AUTHORIZE MANAGEMENT TO VERIFY ANY REFERENCES/ INFORMATION BY CONDUCTING A CREDIT/CRIMINAL BACKGROUND CHECK. IF ANY OF THE INFORMATION IS FOUND TO BE INCORRECT, ANY RENTAL AGREEMENT BECOMES VOID AND WILL BE SUFFICIENT REASON FOR EVICTION AND POSSIBLE LOSS OF SECURITY DEPOSIT. BY SIGNING THIS APPLICATION YOU ALSO AUTHORIZE VERIFICATION OF EMPLOYMENT, BANK ACCOUNTS, CREDIT HISTORY, CRIMINAL RECORDS, RENTAL HISTORY.

APPLICANT'S SIGNATURE DATE

GUARDIAN OR LEGAL REPRESENTATIVES SIGNATURE DATE

WITNESS IF NECESSARY DATE



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