



## RENTAL APPLICATION

**ALL APPLICATIONS SHOULD BE RECEIVED AS SOON AS POSSIBLE BY MAIL.  
NO PAYMENT OR FEE SHOULD BE GIVEN TO ANYONE IN CONNECTION, PREPARATION, FILING OR  
PROCESSING OF THIS APPLICATION.  
INDIVIDUAL APPLICATIONS REQUIRED FROM EACH APPLICANT 18 YEARS OR OLDER.**

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### **TO BE FILLED OUT BY APPLICANT:**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Social Security No. \_\_\_\_\_ Date of Birth \_\_\_\_\_

Drivers License No. \_\_\_\_\_ State \_\_\_\_\_

Present Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone No. \_\_\_\_\_ Work Phone No. \_\_\_\_\_

Number of persons moving in \_\_\_\_\_ No. of Bedrooms needed \_\_\_\_\_

Will you have pets? \_\_\_\_\_ Describe \_\_\_\_\_

### **PRESENT RESIDENCE INFORMATION**

Present Monthly Rent \$ \_\_\_\_\_

Name of present landlord \_\_\_\_\_ Is this person a relative? \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Phone: Day \_\_\_\_\_ Evening \_\_\_\_\_

Are you on lease? \_\_\_\_\_ Exp. Date \_\_\_\_\_

Previous Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Rent \_\_\_\_\_ Own \_\_\_\_\_ How Long? \_\_\_\_\_

Mo. Payment? \_\_\_\_\_ Was proper notice given? \_\_\_\_\_

Date Vacated? \_\_\_\_\_ Mo. \_\_\_\_\_ Yr. \_\_\_\_\_



Name of landlord \_\_\_\_\_ Is this person a relative? \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Phone: Day \_\_\_\_\_ Evening \_\_\_\_\_

Has any landlord sued you/roommate/spouse for rent (*late payment*) or possession?  Yes  No

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have a car? \_\_\_\_\_ If yes, how many? \_\_\_\_\_

**LIST ALL PERSONS WHO WILL LIVE WITH YOU IN THIS DEVELOPMENT:**

	<u>FULL NAME</u>	<u>RELATIONSHIP</u>	<u>D.O.B.</u>	<u>YES OR NO FULL TIME STUDENT STATUS</u>
(1)	_____	_____	_____	_____
Occupation	_____		Social Security	_____
(2)	_____	_____	_____	_____
Occupation	_____		Social Security	_____
(3)	_____	_____	_____	_____
Occupation	_____		Social Security	_____
(4)	_____	_____	_____	_____
Occupation	_____		Social Security	_____



**GROSS ANNUAL INCOME**

**INCOME:** LIST ALL FULL AND/OR PART-TIME EMPLOYMENT FOR HOUSEHOLD MEMBERS. INCLUDE SELF-EMPLOYED EARNINGS.

HOUSEHOLD MEMBER	NAME & ADDRESS OF EMPLOYER	GROSS EARNINGS	
		CURRENT	ANTICIPATED
_____	_____	\$ _____	\$ _____
_____	_____	Per _____	Per _____
_____	_____	\$ _____	\$ _____
_____	_____	Per _____	Per _____
_____	_____	\$ _____	\$ _____
_____	_____	Per _____	Per _____
_____	_____	\$ _____	\$ _____
_____	_____	Per _____	Per _____

**OTHER SOURCES OF INCOME:** *(Examples: Social Security, SSI, Pensions, Disability compensation, Unemployment Compensation, Interest, baby sitting, caretaking, alimony, child support, annuities, dividends, income from rental property, armed forces reserves, scholarships, and/or grants).*

HOUSEHOLD MEMBER	SOURCE	AMOUNT	
_____	_____	\$ _____	Per _____
_____	_____	\$ _____	Per _____
_____	_____	\$ _____	Per _____
_____	_____	\$ _____	Per _____

**ASSETS:**

Checking Accounts:

Bank \_\_\_\_\_ Acct. No. \_\_\_\_\_ Amount \_\_\_\_\_

Bank \_\_\_\_\_ Acct. No. \_\_\_\_\_ Amount \_\_\_\_\_

Passbook Savings:

Bank \_\_\_\_\_ Acct. No. \_\_\_\_\_ Amount \_\_\_\_\_

Bank \_\_\_\_\_ Acct. No. \_\_\_\_\_ Amount \_\_\_\_\_

Savings Certificate:

Bank \_\_\_\_\_ Acct. No. \_\_\_\_\_ Amount \_\_\_\_\_



**CREDIT UNION SHARES**

Credit Union Name \_\_\_\_\_ Amount \_\_\_\_\_

Address \_\_\_\_\_

Stocks and Bonds (*value*) \$ \_\_\_\_\_ War Bonds (*value*) \_\_\_\_\_

Do you NOW own real estate: \_\_\_\_\_ If "yes", what is the value: \_\_\_\_\_

Have you EVER owned real estate: \_\_\_\_\_ If "yes", when: \_\_\_\_\_

**List below any life insurance policy numbers that you may have and names and addresses of insurance companies:**

Policy No. \_\_\_\_\_ Name & Address \_\_\_\_\_

Policy No. \_\_\_\_\_ Name & Address \_\_\_\_\_

**IN CASE OF EMERGENCY, NOTIFY:**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone #: Home \_\_\_\_\_ Work \_\_\_\_\_

**Applicant(s) represents that all the above statements are true and correct and thereby authorizes verification of the above items including, but not limited to; the obtaining of a credit and criminal report and agrees to furnish additional credit references upon request.**

**Applicant Signature** \_\_\_\_\_

**Date** \_\_\_\_\_



### CRIMINAL & SEX OFFENDER BACKGROUND INFORMATION

Federal law requires us to get drug and criminal background and sex offender registration information about all adult household members applying for assisted housing. To enable us to do this, all household members of age 18 and older must answer the questions below, and then sign below to consent to a background check. The questions ask about drug-related and other criminal activity that could adversely affect the health, safety or welfare of other residents.

**Hearthstone Apartments** will deny the application of any applicant who does not provide complete and accurate information on this form or does not consent to a background check.

1. Have you been evicted from a federally assisted site for drug related criminal activity within the past three years? Yes No
2. Do you currently use illegal drugs or abuse alcohol? Yes No
3. Are you currently subject to the lifetime registration requirement under state sex offender registration program? Yes No
4. Have you been convicted of any drug related crime within the past five years? Yes No
5. Have you been convicted of any felony within the past five years? Yes No
6. Have you been convicted of any crime involving fraud or dishonesty within the past five years?  
Yes No
7. Have you been convicted of any crime involving violence within the past five years? Yes No
8. Are you currently charged with any of the above criminal activities? Yes No
9. Please list all states in which you have lived or have held licenses to drive *(include driver's license numbers)*  
\_\_\_\_\_  
\_\_\_\_\_

10. Have you ever used or been known by any other name? Yes No

If yes, please list names: \_\_\_\_\_

I understand that the above information is required to determine my eligibility for residency. I certify that my answers to the above questions are true and complete to the best of my knowledge. I understand that making false statements on this form is grounds for rejection or termination of my lease. I authorize **Hearthstone Apartments** to verify the above information, and I consent to the release of any necessary information to determine my eligibility.

I hereby authorize law enforcement agencies to release criminal records and/or offender registration information to **Hearthstone Apartments**, to public housing authority, or to any agency contracted by **Hearthstone Apartments** to conduct criminal background checks.

**APPLICANT'S  
SIGNATURE**

\_\_\_\_\_

**DATE**

\_\_\_\_\_

**APPLICANT'S NAME**  
*(PLEASE PRINT)*

\_\_\_\_\_