

RENTAL APPLICATION



- DePaul Supported Housing Referral
 SPOA Submitted on ___/___/___
 Other Agency Supported Housing Referral
 Audio/Visual Accessible
 U.S. Military
 Homeless
 Handicap Accessible
 Do you receive a rental subsidy that is not project-based?
 Yes
 No

Building(s) you are applying for:				
Number of bedrooms:	Studio <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

First Name	Middle Name	Last Name	Birth Date	Social Security #	Driver's License #
Any Other Names You've Used In The Past			Home Phone		Cell Phone
All Other Proposed Occupants				Date of Birth	Relationship to Applicant
Are any proposed occupants students?				If so, please list the name and educational institution	
<input type="checkbox"/> Part-time		<input type="checkbox"/> Full-time			

RENTAL HISTORY	Current Residence	Previous Residence
Street Address		
City		
State & Zip		
Last Rent Amount Paid		
Owner/Manager and Phone Number		
Reason for leaving		
Is/Was rent paid in full?		
Did you give notice?		
Were you asked to move?		
Name(s) in which your utilities are now billed:		
	From/To	From/To
Dates of Residency		

SOURCES OF INCOME	Occupant 1	Occupant 2	Occupant 3
Monthly Gross Pension			
Monthly SSI/SSDI/SSP			
Monthly Public Assistance			
Monthly Unemployment			
Other Income			

EMPLOYMENT HISTORY

	Current Employment	Previous Employment
Employed By		
Address		
Employer's Phone		
Name of Supervisor		
Occupation		
Monthly Gross Pay		
	From/To	From/To
Dates of Employment		

CREDIT HISTORY

	Bank/Institution Name	Balance On Deposit or Balance Owed
Savings Account		
Checking Account		
Credit Card		
Auto Loan		

REFERENCES & EMERGENCY CONTACTS

	Personal Reference #1	Personal Reference #2	Nearest Relative Living Elsewhere
Name			
Street Address			
City			
State & Zip Code			
Phone Number			
By signing the application you grant us permission to communicate with all the contacts listed in this section in the event we can't locate you. Furthermore, if you abandon the apartment for any reason then you grant us permission to allow your relative listed above to remove all contents of the dwelling on your behalf.			

GENERAL INFORMATION

Have you ever been served a late rent notice?	Do any proposed occupants smoke?	How long do you think you would be renting from us?
Have you ever filed for bankruptcy? If so, when?	When would you be able to move in?	Have you ever been convicted of a felony?
Have you ever been served an eviction notice? If so, when?		
Have you had any recurring problems with your current apartment or landlord? If yes, please explain:		
Why are you moving from your current address?		
We will run a credit check and a criminal background check. Is there anything negative we will find that you want to comment on?		
How did you hear about this apartment?	Do you have an e-mail address where you can be reached?	

Agreement & Authorization Signature

The statements I have made are true and correct. I hereby authorize DePaul to run a credit and/or criminal background check and to verify any information I provided and to communicate with any and all of the names listed on this application. I understand that any discrepancy or lack of information may result in the rejection of this application. I understand that this is a preliminary application for an apartment and does not constitute a rental or lease agreement or application approval. I understand that once an apartment becomes available, I must meet the income and occupancy guidelines established for each property. Any questions regarding rejected applications must be submitted in writing to DePaul Properties, Compliance Department, 150 Mt. Hope Ave., Rochester, NY 14620.

Signature: _____

Date: _____

