



For Office Use Only

Application For Property: \_\_\_\_\_

### RENTAL APPLICATION

**Applicant:**

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Marital Status:  Single  Married - Maiden Name \_\_\_\_\_  Divorced  Separated

Current Address: \_\_\_\_\_

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

Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Home ( ) \_\_\_\_\_ - \_\_\_\_\_ Work ( ) \_\_\_\_\_ - \_\_\_\_\_ Cell

Email: \_\_\_\_\_

Do you PRESENTLY:  Rent  Own  Other- Explain: \_\_\_\_\_

Unit Size Requested: \_\_\_\_\_ Bedroom(s) / \_\_\_\_\_ Bathroom(s)

**Co-Applicant:**

Name: \_\_\_\_\_ D.O.B. \_\_/\_\_/\_\_\_\_

Marital Status:  Single  Married - Maiden Name \_\_\_\_\_  Divorced  Separated

Current Address: \_\_\_\_\_

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

Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Home ( ) \_\_\_\_\_ - \_\_\_\_\_ Work ( ) \_\_\_\_\_ - \_\_\_\_\_ Cell

Email: \_\_\_\_\_

**NOTE:**

- If you have been married before, your marital status will be “divorced”.
- Attach a copy of your recorded divorce decree.
- If you have a court ordered child support payment, please attach a copy of the recorded decree.
- If you have minor child(ren) living with you and not receiving child support, you must provide a statement addressing why you are not receiving/requested child support.

**HOUSEHOLD COMPOSITION:**

List the Head of Household and all other members who will be living in the unit. State the relationship to the Head of Household (HOH) for each listed family member.

Name	Relationship	Date of Birth	Age	Sex	Race (C/B/H/A/NA/O)*	Citizenship Status (circle one)
	<b>HOH*</b>					U.S./Noncitizen
						U.S./Noncitizen
						U.S./Noncitizen
						U.S./Noncitizen
						U.S./Noncitizen
						U.S./Noncitizen
						U.S./Noncitizen

**\*Note:** HOH/Head of Household C/Caucasian B/Black H/Hispanic A/Alaskan NA/Native American O/Other

**Note:** If you are a Noncitizen, provide proof of U.S. legal residency, ie: greencard

**INCOME AND EMPLOYMENT:**

Applicant's Current Employer: \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Position: \_\_\_\_\_ Date Hired: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Supervisor's Phone: ( ) \_\_\_\_\_

Pay Rate: \_\_\_\_\_ Pay Frequency: Hour/Week/Month/Year (circle one)

Applicant's Previous Employer: \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Position: \_\_\_\_\_ Date Hired: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Supervisor's Phone: ( ) \_\_\_\_\_

Pay Rate: \_\_\_\_\_ Pay Frequency: Hour/Week/Month/Year (circle one)

*(Use Extra Sheet As Needed)*

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Co-Applicant's Current Employer: \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Position: \_\_\_\_\_ Date Hired: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Supervisor's Phone: (\_\_\_\_) \_\_\_\_\_

Pay Rate: \_\_\_\_\_ Pay Frequency: Hour/Week/Month/Year (circle one)

Co-Applicant's Previous Employer: \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Position: \_\_\_\_\_ Date Hired: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Supervisor's Phone: \_\_\_\_\_

Pay Rate: \_\_\_\_\_ Pay Frequency: Hour/Week/Month/Year (circle one)

**MOST CURRENT INCOME FOR ALL MEMBERS OF THE HOUSEHOLD**

Source of income (PER MONTH)	Applicant	CO- APPLICANT	Other Household Members' Total Income	Total
1. Employment				
2. Soc. Sec./S.S.I				
3. Unemployment Wages				
4. Retirement/Pension(s)				
5. Public Assistance (Cash)				
6. Self-Employment				
7. Interest/Dividends				
8. Child Support /Alimony (circle one)				
9. Disability Wages				
10. Other				
<b>TOTAL MONTHLY INCOME</b>				

**TOTAL HOUSEHOLD COMBINED ANNUAL INCOME: \$** \_\_\_\_\_

**ASSETS:**

(\_\_ ) Checking (\_\_ ) Savings: Bank \_\_\_\_\_ Balance: \$ \_\_\_\_\_

(\_\_ ) Checking (\_\_ ) Savings: Bank \_\_\_\_\_ Balance: \$ \_\_\_\_\_

(\_\_ ) Checking (\_\_ ) Savings: Bank \_\_\_\_\_ Balance: \$ \_\_\_\_\_

Other-Describe: \_\_\_\_\_ Balance: \$ \_\_\_\_\_

Other-Describe: \_\_\_\_\_ Balance: \$ \_\_\_\_\_

**LIABILITIES/DEBTS (FOR ALL HOUSEHOLD MEMBERS 18 AND OVER): List Credit Card Debt, Auto, Loans, etc.**

Creditor's Name/Company	Type	Balance Owed	Monthly Payment

**PREVIOUS RENTAL HISTORY:**

PRESENT Landlord: \_\_\_\_\_ Property Address: \_\_\_\_\_

Name: \_\_\_\_\_

Address/City/State: \_\_\_\_\_

How long has this individual been your landlord? \_\_\_\_\_ Phone: \_\_\_\_\_

Reason for leaving the property: \_\_\_\_\_

Specify move-in date: \_\_\_\_\_

**FORMER** Landlord: Property Address: \_\_\_\_\_

Name: \_\_\_\_\_

Address/City/State: \_\_\_\_\_

How long has this individual been your landlord? \_\_\_\_\_ Phone: \_\_\_\_\_

Reason for leaving the property: \_\_\_\_\_

Specify date and year(s) of stay of previous address: \_\_\_\_\_

Please list all states in which you or any household member has resided: \_\_\_\_\_

### **OTHER INFORMATION:**

#### **Applicant:**

Driver's License #: \_\_\_\_\_

State of Issuance: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Vehicle Year/Make/Model: \_\_\_\_\_ License Plate#: \_\_\_\_\_

#### **Co-Applicant:**

Driver's License #: \_\_\_\_\_

State of Issuance: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Vehicle Year/Make/Model: \_\_\_\_\_ License Plate#: \_\_\_\_\_

**Handicap Status** (Please list any household member(s) who has a physical handicap and describe handicap)

**Note:** This section must be completed by the applicant or a legal representative of the applicant. If this section is not complete the applicant will not be considered for handicapped consideration. All applicants marking and seeking handicapped status must submit the proper documentation proving handicapped being claimed.

1.
2.
3.

Are you related to any member of the Advisory Committee or Staff of Grace and Truth? Yes No

What is the relationship? \_\_\_\_\_

**HAVE YOU EVER:**

Filed for Bankruptcy?..... ( ) Yes ( ) No

Been Evicted? .....( ) Yes ( ) No

Been Convicted of a Felony? ..... ( ) Yes ( ) No

Are you or any household member subject to lifetime sex offender registration ( )Yes ( )No

**EMERGENCY CONTACT:**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email address: \_\_\_\_\_

Marketing Information:

How did you hear about Grace and Truth Community Development Corporation rental opportunities?

I hereby apply to lease the above described rental unit. As an inducement to Grace and Truth Community Development Corporation (GTCDC) to accept this application, I warrant that all statements contained herein are true. I have been advised that residency in a GTCDC property is subject to qualification. I hereby authorize GTCDC to procure a consumer report as defined in the Fair Credit Reporting Act, 15 U.S.C. 1881 a (d) seeking information on the credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. I agree that in addition to execution of a Lease Agreement that I will execute a tenant certification attesting to the information contained herein which certification will be made under the penalty of perjury.

By execution of this application, I hereby authorize GTCDC to make such investigations into my credit history as they deem appropriate. I understand that such investigations typically include (but are limited to) verification of employment and salary, rental history and consumer credit reports. By signing below, the applicant gives permission to procure a criminal background check and understands the results of such background check could affect the approval of this application.

*PENALTY FOR FALSE OR FRAUDULENT STATEMENTS: U.S.C. Title 18, Section 1001, provides that whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies or makes false, fictitious or fraudulent statements or entries shall be fined not more than \$10,000.00 or imprisoned not more than five years or both.*

*Any intentionally false or fraudulent statements or supporting documents can constitute cancellation of my/our application.*

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewer Signature: \_\_\_\_\_

**(For office use only)**

Date: \_\_\_\_\_ Time: \_\_\_\_\_ am/pm

Application Reviewed by (Print) : \_\_\_\_\_

Reviewer Signature: \_\_\_\_\_

Qualifications Performed: \_\_\_\_\_ Date \_\_\_ / \_\_\_ / \_\_\_\_\_

Disposition \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Notification Forward by: \_\_ Mail \_\_ Phone \_\_ In Person by \_\_\_\_\_

Date: \_\_\_ / \_\_\_ / \_\_\_\_\_

**AUTHORIZATION TO RELEASE INFORMATION TO GRACE AND TRUTH CDC THE PURPOSE OF VERIFYING DATA FOR HOUSING ASSISTANCE**

The applicant understands that the intent of this application is for purposes of certification only. It does not guarantee acceptance or approval, and no commitment is hereby made on the part of any party.

Grace And Truth CDC is authorized to verify any of the above information. I/We hereby waive any and all claims for defamation, violation of privacy, or other claims against any person, firm, or corporation by reason of any statement or information released to the Country in its verification of the subject information.

**PENALTY FOR FALSE OR FRAUDULENT STATEMENTS:** *U.S.C. Title 18, Sec. 1001, provides that whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully--falsifies or makes false, fictitious or fraudulent statements or entries shall be fined under this title, imprisoned not more than five years or both.*

Any intentionally false or fraudulent statements or supporting documents can constitute cancellation of my/our application.

**APPLICATION CERTIFICATION**

Please initial each:

\_\_\_\_\_ The application information, which I have provided, is true and complete to the best of my knowledge.

\_\_\_\_\_ I consent to the disclosure of any information for the purpose of verification of income and expenses related to making a determination of my eligibility for program assistance.

\_\_\_\_\_ I agree to provide any documentation needed to assist in determining my eligibility for program assistance.

\_\_\_\_\_ I understand that my application and supporting documentation, including income documentation, are open to the public in accordance with Florida's Public Records law, Chapter 119, Florida Statutes (however those items which are expressly exempt from the public record by statute, such as your social security number, will be separately maintained).

\_\_\_\_\_ I understand that if I am found to be qualified to participate in Grace And Truth's housing assistance program through the City's NSP program and am eligible to receive assistance from either of the said programs that I and any member of my family or any person that will benefit from this assistance may be subject to a background check consisting of criminal history check and a sex offender registry check to be used solely to ensure that the person or persons are eligible to receive assistance from programs that are HUD funded. (Note: Only certain criminal convictions may result in a denial of your application depending upon the type of assistance applied for and the applicable federal regulations).

\_\_\_\_\_ My/our signature below indicates that I/We am /are obligated to advise Grace And Truth CDC's housing program administrator of all changes in my/our income and household size. A change in household size and/or income may disqualify me/us from receiving housing assistance.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Co-Applicant's Signature

\_\_\_\_\_  
Date



**CONFIDENTIAL SHEET-ADDENDUM PAGE**  
**COLLECTION AND USE OF SOCIAL SECURITY NUMBERS**

Notice of Privacy Act

**Grace and Truth CDC Disclosure Statement**

Grace and Truth CDC collect your Social Security number, or a portion thereof, for one or more of the following purposes: verification of financial; identification and verification; credit worthiness; billing and payments; data collection, reconciliation, and tracking; payroll and benefit information; tax, utility account information; bank information; for background checks; and verification of identity.

Applicant's Name: \_\_\_\_\_

Applicant's Social Security Number: \_\_\_\_\_

Co-Applicant's Name: \_\_\_\_\_

Co-Applicant's Social Security Number: \_\_\_\_\_

Other household member: \_\_\_\_\_

Other household member Social Security Number: \_\_\_\_\_

Other household member: \_\_\_\_\_

Other household member Social Security Number: \_\_\_\_\_

Other household member: \_\_\_\_\_

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Other household member Social Security Number: \_\_\_\_\_

***THIS SHEET SHALL BE KEPT IN A NON-PUBLIC PORTION OF THE APPLICATION FILE***

Dropbox/Rentals/Rental Application Documents/Rental Application Form

(modified 04/09/2015)