

# RENTAL APPLICATION

## FOR OFFICE USE ONLY

PROPERTY NAME: \_\_\_\_\_ DATE OF APPLICATION: \_\_\_\_\_

APPLICANT'S LAST NAME: \_\_\_\_\_ UNIT SIZE: \_\_\_\_\_ MANAGER INITIALS \_\_\_\_\_

Bedrooms: ☐ 1 Br. ☐ 2 Br.



### HOUSEHOLD COMPOSITION:

LIST ALL PEOPLE TO OCCUPY UNIT			SS#	DATE OF BIRTH	RELATIONSHIP	FULL-TIME STUDENT? INCLUDING GRADE SCHOOL (Y/N)
LAST NAME	FIRST	MI				
Head						
2						
3						
4						
5						

PRESENT ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

LANDLORD'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

HOW LONG AT PRESENT ADDRESS? \_\_\_\_\_ OWN OR RENT? \_\_\_\_\_

AMOUNT OF MONTHLY RENT/MORTGAGE: \_\_\_\_\_ UTILITIES: \_\_\_\_\_

REASON FOR MOVING: \_\_\_\_\_

PREVIOUS ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

LANDLORD'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

HOW LONG AT PREVIOUS ADDRESS? \_\_\_\_\_ OWN OR RENT? \_\_\_\_\_

AMOUNT OF MONTHLY RENT/MORTGAGE: \_\_\_\_\_ UTILITIES: \_\_\_\_\_

REASON FOR MOVING: \_\_\_\_\_

### GENERAL INFORMATION

HAVE YOU EVER BEEN EVICTED? YES \_\_\_\_ No \_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES \_\_\_\_ No \_\_\_\_

WOULD YOU OR ANY MEMBERS OF YOUR HOUSEHOLD BENEFIT FROM A HANDICAPPED-ACCESSIBLE UNIT?

YES \_\_\_\_ No \_\_\_\_ If so, explain: \_\_\_\_\_

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**ALL SOURCES OF INCOME MUST BE REPORTED. PLEASE ANSWER YES OR NO FOR EACH HOUSEHOLD MEMBER.**

INCOME	APPLICANT		CO-APPLICANT		OTHER APPLICANT	
	YES	NO	YES	NO	YES	NO
Salary/Wages						
Overtime						
Commission/Tips/Bonuses						
Business/Self Employment						
Social Security						
Pension						
Disability/Death Benefits						
Unemployment						
Disability Compensation						
Worker's Compensation						
Severance Pay						
Public Assistance						
Alimony						
Child Support						
Recurring Monetary and Non-Monetary Gifts						
Armed Forces Special Pay/Allowances						
Other:						

**PLEASE LIST ALL AMOUNTS OF INCOME CHECKED YES ABOVE.**

HOUSEHOLD	SALARY/WAGES	PUBLIC ASSISTANCE	SOCIAL SECURITY	PENSION	CHILD SUPPORT	OTHER	TOTAL
Head	\$	\$	\$	\$	\$	\$	\$
2	\$	\$	\$	\$	\$	\$	\$
3	\$	\$	\$	\$	\$	\$	\$
4	\$	\$	\$	\$	\$	\$	\$
5	\$	\$	\$	\$	\$	\$	\$
Total	\$	\$	\$	\$	\$	\$	\$

**ALL SOURCES OF ASSETS MUST BE REPORTED. PLEASE ANSWER YES OR NO FOR EACH HOUSEHOLD MEMBER.**

ASSETS	APPLICANT		CO-APPLICANT		OTHER APPLICANT	
	YES	NO	YES	NO	YES	NO
Checking Account						
Savings Account						
Trust Fund						
Real Estate (land, home, property)						
Stocks/ Bonds						
Treasury Bill						
Certificate of Deposit						
Money Market Fund						
Retirement Account						
Annuity						
Whole Life Insurance Policy						
Other:						

# RENTAL APPLICATION

**PLEASE PROVIDE INFORMATION FOR ALL ASSETS CHECKED YES ABOVE.**

BANK ACCOUNTS:			
HOUSEHOLD MEMBER'S NAME	NAME OF BANK	ACCOUNT NUMBER	ACCOUNT BALANCE

  

REAL ESTATE/OTHER ASSETS:			
HOUSEHOLD MEMBER'S NAME	TYPE OF REAL ESTATE	MORTGAGE OR BALANCE	APPRAISED VALUE

Have you disposed of any other assets in the last 2 years? Yes \_\_\_\_ No \_\_\_\_ Market value when sold \$ \_\_\_\_\_

If yes, please describe asset(s): \_\_\_\_\_

Do you have any other assets not listed above (excluding personal property)? Yes \_\_\_\_ No \_\_\_\_

If yes, describe \_\_\_\_\_

**VEHICLE INFORMATION:** List any cars, trucks or other vehicles owned.

Type of Vehicle \_\_\_\_\_ Year/Make \_\_\_\_\_ Color \_\_\_\_\_

License Plate # \_\_\_\_\_

Type of Vehicle \_\_\_\_\_ Year/Make \_\_\_\_\_ Color \_\_\_\_\_

License Plate # \_\_\_\_\_

THIS APPLICATION MUST BE SIGNED BY ALL MEMBERS OF THE HOUSEHOLD 18 YEARS OF AGE AND OLDER.

BY SIGNING BELOW APPLICANT AUTHORIZES MANAGEMENT AND ITS STAFF TO CONTACT ANY AGENCIES, LOCAL POLICE DEPARTMENTS, CREDIT BUREAUS, REFERENCES AND GROUPS OR ORGANIZATIONS TO OBTAIN ANY INFORMATION OR MATERIALS, WHICH ARE DEEMED NECESSARY TO COMPLETE THIS APPLICATION.

APPLICANT CERTIFIES THAT ALL INFORMATION IN THIS APPLICATION IS TRUE AND CORRECT AND UNDERSTANDS THAT FALSE STATEMENTS OR INFORMATION ARE PUNISHABLE BY LAW AND WILL LEAD TO CANCELLATION OF THIS APPLICATION OR TERMINATION OF TENANCY AFTER OCCUPANCY.

SIGNATURE: \_\_\_\_\_ (APPLICANT)                      DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ (CO-APPLICANT)                      DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ (CO-APPLICANT)                      DATE: \_\_\_\_\_



*This institution is an equal opportunity provider and employer.*



## CREDIT INQUIRY

PROPERTY \_\_\_\_\_ DATE \_\_\_\_\_

APPLICANT \_\_\_\_\_

(Last Name, First Name, Middle, (Jr.))

CURRENT ADDRESS \_\_\_\_\_

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

\*FORMER ADDRESS \_\_\_\_\_

(Complete if current address is less than 2yrs.)

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

Employment (Company) \_\_\_\_\_

Job Title \_\_\_\_\_

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

DATE OF BIRTH \_\_\_\_\_ SS# \_\_\_\_\_

CO-APPLICANT \_\_\_\_\_

(Last Name, First Name, Middle, (Jr.))

CURRENT ADDRESS \_\_\_\_\_

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

\*FORMER ADDRESS \_\_\_\_\_

(Complete if current address is less than 2yrs.)

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

Employment (Company) \_\_\_\_\_

Job Title \_\_\_\_\_

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

DATE OF BIRTH \_\_\_\_\_ SS# \_\_\_\_\_

I hereby give permission and authorize *NORCO MANAGEMENT* to obtain my credit report.

Applicant

Date

Co-Applicant

Date



## APPLICANT DISCLOSURE FORM

"The following information is requested by the Federal Government for certain types of loans and grants, in order to monitor compliance with civil rights laws. You are not required to furnish this information, but are encouraged to do so. The law requires that a program recipient may neither discriminate on the basis of this information nor on whether you choose to furnish it. However, if you choose not to furnish it, under federal regulations, this program representative is required to note race/ethnicity on the basis of visual observation or surname."

\_\_\_\_\_ I do not wish to furnish this information.

Ethnicity:

\_\_\_\_\_ Hispanic or Latino

\_\_\_\_\_ Not Hispanic or Latino

Race: (Mark one or more)

\_\_\_\_\_ White

\_\_\_\_\_ Black or African American

\_\_\_\_\_ American Indian/Alaska Native

\_\_\_\_\_ Asian

\_\_\_\_\_ Native Hawaiian or other Pacific Islander

Gender:

\_\_\_\_\_ Male

\_\_\_\_\_ Female

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## AUTHORIZATION FOR RELEASE AND CONSENT

### TENANT RELEASE AND CONSENT

I/We \_\_\_\_\_, the undersigned hereby authorize all persons or companies in the categories listed below without liability, information regarding employment, income, and/or asset to **NORCO MANAGEMENT HOLDING, INC.** (Owner or agent) for the purposes of verifying the information on my/our apartment rental application.

#### INFORMATION COVERED

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to; personal identity, student status, employment, income, assets, medical or child care allowances. I/We understand that this authorization cannot be used to obtain information about me/us that is not pertinent to my eligibility for and continued participation as a Qualified Tenant.

#### GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information include, but are not limited to:

Past and Present Employers	Welfare Agencies	Veteran Administrations
Support and Alimony Providers	State Unemployment	Retirement Systems
Educational Institutions	Social Security Administration	Medical and Child Care Providers
Banks and other Financial Institutions	Previous Landlords (including Public Housing Agencies)	

#### CONDITIONS

I/We agree that a photocopy of this authorization may be used for the purposes state above. The original of this authorization is on file and will stay in effect for a year and one month from the date signed. I/We understand I/We have a right to review this file and correct any information that is correct.

#### SIGNATURES

_____ Applicant/Resident	_____ (Print Name)	_____ Date
_____ Co/Applicant/Resident	_____ (Print Name)	_____ Date
_____ Adult Member	_____ (Print Name)	_____ Date
_____ Adult Member	_____ (Print Name)	_____ Date

**NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR A COPY OF A TAX FORM," MUST BE PREPARED AND SIGNED SEPARATELY.**

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