



APPLICATION FOR RESIDENCY
CHAI Housing

***Please note that the unit you are applying for is a shared single family house with a private bedroom.**

DATE: _____

NAME: _____ SEX: M F DATE OF BIRTH: _____

MAIDEN OR OTHER NAME (IF APPLICABLE): _____

SOCIAL SECURITY NUMBER: _____ PHONE: _____

CURRENT RESIDENCE

ADDRESS: _____ STATE: _____ ZIP: _____

DATES AT ADDRESS: _____ RENT / OWN (Circle One)

LANDLORD: _____ IS LANDLORD A RELATIVE? YES NO

ADDRESS OF LANDLORD: _____ STATE: _____ ZIP: _____ PHONE: _____

REASON FOR MOVING: _____

ARE YOU UNDER A LEASE AGREEMENT? YES NO EXPIRATION DATE: _____

WHAT NOTICE WILL BE GIVEN TO CURRENT LANDLORD: _____

LIST TWO PREVIOUS RESIDENCES (IF LESS THAN FIVE YEARS, PROVIDE ADDITIONAL INFORMATION)

PREVIOUS ADDRESS: _____ STATE: _____ ZIP: _____ PHONE: _____

RENT / OWN AT ADDRESS: (Circle One) FROM: _____ TO: _____

PREVIOUS LANDLORD: _____ RELATIVE? YES NO

LANDLORD'S ADDRESS: _____ STATE: _____ ZIP: _____ PHONE: _____

REASON FOR MOVING: _____



HAS ANY ADULT HOUSEHOLD MEMBER EVER RESIDED IN ANOTHER STATE OTHER THAN THE ONES LISTED ABOVE? YES NO IF YES, FOR EACH STATE PROVIDE NAME, YEAR AND ADDRESS

PREVIOUS ADDRESS: _____ STATE: _____ ZIP: _____ PHONE: _____

RENT / OWN AT ADDRESS: (Circle One) FROM: _____ TO: _____

PREVIOUS LANDLORD: _____ RELATIVE? YES NO

LANDLORD'S ADDRESS: _____ STATE: _____ ZIP: _____ PHONE: _____

REASON FOR MOVING: _____

HAS ANY ADULT HOUSEHOLD MEMBER EVER RESIDED IN ANOTHER STATE OTHER THAN THE ONES LISTED ABOVE? YES

EMPLOYMENT (COMPLETE NEXT SECTION UNTIL EMPLOYMENT HISTORY INCLUDES 5 YEARS)

CURRENT EMPLOYER: _____ EMPLOYED FROM: _____ TO: _____

ADDRESS: _____

PHONE: _____ POSITION: _____ SUPERVISOR: _____

GROSS ANNUAL SALARY: \$ _____ OR HOURLY WAGE: _____

AVERAGE NUMBER OF HOURS WORKED PER WEEK: _____

ARE YOU SUBJECT TO TRANSFER? YES NO

PREVIOUS EMPLOYER: _____ EMPLOYED FROM: _____ TO: _____

ADDRESS: _____

PHONE: _____ POSITION: _____ SUPERVISOR: _____

GROSS ANNUAL SALARY: \$ _____ OR HOURLY WAGE: _____

AVERAGE NUMBER OF HOURS WORKED PER WEEK: _____

ARE YOU SUBJECT TO TRANSFER? YES NO



PREVIOUS EMPLOYER: _____ EMPLOYED FROM: _____ TO: _____

ADDRESS: _____

PHONE: _____ POSITION: _____ SUPERVISOR: _____

GROSS ANNUAL SALARY: \$ _____ OR HOURLY WAGE: _____

AVERAGE NUMBER OF HOURS WORKED PER WEEK: _____

ARE YOU SUBJECT TO TRANSFER? YES NO

PERSONAL REFERENCES

NAME: _____ ADDRESS: _____ PHONE: _____

NAME: _____ ADDRESS: _____ PHONE: _____

OTHER SOURCES OF INCOME (PLEASE INDICATE SOURCE & ANNUAL AMOUNT OF INCOME RECEIVED FROM

- SOCIAL SECURITY
- BONUSES
- MILITARY SERVICE
- ALIMONY
- AFDC
- OTHER (EXPLAIN)
- SSI
- COMMISSIONS
- CHILD SUPPORT
- PUBLIC ASSISTANCE
- PART-TIME EMPLOYMENT



CREDIT INFORMATION

CURRENT ASSETS OWNED: _____

HAVE YOU DISPOSED OF ANY ASSETS FOR LESS THAN FAIR MARKET VALUE WITHIN THE LAST TWO YEARS?

YES NO - IF YES, WHAT WAS SOLD AND FOR HOW MUCH? _____

*STOCK, BOND, TREASURY BILLS, CD'S, PROPERTY, TRUST FUNDS, IRA'S

BANK OR FINANCIAL INSTITUTION:

BRANCH ADDRESS: _____

ACCOUNT #: CHECKING _____ SAVINGS _____ OTHER _____

CREDIT CARD OR LOAN PAYMENTS

<u>COMPANY NAME</u>	<u>MONTHLY PAYMENTS</u>	<u>BALANCE</u>

CURRENT MONTHLY EXPENSES:

UTILITIES \$ _____

CHILD CARE \$ _____

CAR PAYMENT \$ _____

INSURANCE \$ _____

MEDICAL \$ _____

DENTAL \$ _____

OTHER \$ _____



AUTOMOBILE:

YEAR _____ MAKE _____ MODEL _____ TAG (STATE & #) _____
DRIVER'S LICENSE NUMBER: _____ STATE: _____

HOW DID YOU HEAR ABOUT US? PLEASE CHECK:

- SOCIAL/CASEWORKER
- DRIVING / WALKING BY
- OTHER: (PLEASE SPECIFY)
- RESIDENT
- FRIEND

HAS ANY ADULT HOUSEHOLD MEMBER EVER BEEN CONVICTED OF A CRIME (OTHER THAN A SIMPLE TRAFFIC OFFENSE) WITHIN THE PAST THREE YEARS? * YES NO

HAS ANY ADULT HOUSEHOLD MEMBER EVER BEEN EVICTED FROM FEDERALLY ASSISTED HOUSING FOR DRUG RELATED CRIMINAL ACTIVITY IN THE LAST THREE YEARS?

- YES
- NO

IS ANY ADULT HOUSEHOLD MEMBER SUBJECT TO A LIFETIME REGISTRATION REQUIREMENT UNDER A STATE SEX OFFENDER REGISTRATION PROGRAM?

- YES
- NO

IS ANY ADULT HOUSEHOLD MEMBER ABUSING, OR ENGAGING IN A PATTERN OF ABUSE, OF ALCOHOL, OR ENGAGING IN ILLEGAL USE, OR A PATTERN OF ILLEGAL USE, OR A DRUG, IN SUCH A WAY THAT IT WOULD INTERFERE WITH THE HEALTH, SAFETY OR PEACEFUL ENJOYMENT OF THE PREMISES BY OTHER RESIDENTS?

- YES
- NO

PLEASE NOTE: ALL MEMBERS OF THE HOUSEHOLD 18 YEARS AND OLDER ARE REQUIRED TO COMPLETE A SUPPLEMENTAL APPLICATION.

THIS APPLICATION IS MADE SUBJECT TO APPROVAL OF CHAI AND MAY WITHOUT DESIGNATING CAUSE BE DISAPPROVED BY THEM, IT BEING AGREED THAT ANY SUCH DISAPPROVAL SHALL NOT BE CONSIDERED A REFLECTION UPON THE APPLICANT. THIS APPLICATION IS TO BE MADE, A PART OF THE LEASE ENTERED INTO BY THE APPLICANT AND THE LANDLORD.

*** NOTE: CONVICTION OF A MISDEMEANOR IS NOT AUTOMATICALLY DISQUALIFYING.**



THE TRUTH OF THE INFORMATION CONTAINED HEREIN IS ESSENTIAL, AND IF CHAI DEEMS ANY ANSWER OR STATEMENT HEREIN TO BE FALSE OR MISLEADING, IT SHALL BE CONSIDERED THAT ANY LEASE GRANTED BY VIRTUE OF THIS APPLICATION MAY BE CANCELLED AT THEIR OPTION.

I HEREBY AFFIRM THAT MY ANSWERS TO THE FOREGOING QUESTIONS ARE TRUE AND CORRECT AND THAT I HAVE NOT KNOWINGLY WITHHELD ANY FACT OR CIRCUMSTANCE, WHICH WOULD, IF DISCLOSED, AFFECT MY APPLICATION UNFAVORABLY. AS AN INDUCEMENT TO ENTER INTO THE LEASE, I AUTHORIZE YOU TO VERIFY ANY AND ALL INFORMATION CONTAINED IN THIS APPLICATION AND TO INQUIRE INTO MY CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS AND MAKE OF LIVING, AND I RELEASE ALL CONCERNED FROM ANY LIABILITY IN CONNECTION WITH ANY INFORMATION THEY GIVE. I HAVE BEEN ADVISED THAT I HAVE THE RIGHT, UNDER SECTION 606(B) OF THE FAIR CREDIT REPORTING ACT, TO MAKE A WRITTEN REQUEST, WITHIN REASONABLE TIME, FOR A COMPLETE AND ACCURATE DISCLOSURE OF THE NATURE AND SCOPE OF ANY INVESTIGATION.

SIGNATURE OF APPLICANT: _____ **DATE:** _____

SIGNATURE OF LEASING SPECIALIST: _____ **DATE:** _____

IT IS ILLEGAL TO DISCRIMINATE AGAINST ANYONE BECAUSE OF RACE, COLOR, CREED, RELIGION, SEX, NATIONAL ORIGIN, MARITAL STATUS, PHYSICAL OR MENTAL HANDICAP OR ANY OTHER PROHIBITED BASIS OF DISCRIMINATION. IF YOU FEEL THAT YOU HAVE, BEEN DISCRIMINATED AGAINST, PLEASE CONTACT _____ at _____.

APPLICANTS MUST REPORT ALL CHANGES IN ADDRESS, TELEPHONE, OR FAMILY SIZE TO THE RENTAL OFFICE. FAILURE TO DO SO MAY PREVENT US FROM CONTACTING YOU WHEN AN APPROPRIATE APARTMENT IS AVAILABLE.