

Rental Application Form

Post Office Box 91114, City of Industry, CA 91715-1114 213-559-2215 tel 213-559-2295 fax

Date _____

Warning: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentation to any Department or Agency of the U.S. as to any matter within its jurisdiction.

Full Name (Head of Household)	Soc.Sec.#	Date of Birth	Age
Birthplace -- City & State	Phone #	Lived in USA Since -- Date	
Email of Head of Household (please print clearly)			
Full Name (Spouse or Co-Head)	Soc.Sec.#	Date of Birth	Age
Birthplace -- City & State	Phone #	Lived in USA Since -- Date	
Email of Spouse or Co-Head (please print clearly)			

Wife's Maiden Name	Date Married
Previous Husband's Name	Separated Deceased Divorced When Where
Previous Wife's Name	Separated Deceased Divorced When Where

Relation:	Family Member's Full Name	Age	Relation to Head	Sex:M/F	Date of Birth	Social Security Number	Source of Income
Print	1.		Head				
how related,	2.						
such as: son,	3.						
dght, niece,	4.						
nephew , cousin,	5.						
stepson,	6.						
granddaughter,	7.						
foster child, etc.	8.						
	9.						
	10.						

Present Address		Own?	Rent?	From	To
City, State, Zip	How Many Bedrooms?	Payment per month \$			

Former Address	Former Address	City, State, Zip	From	To
Past 5 Years	Former Address	City, State, Zip	From	To
	Former Address	City, State, Zip	From	To

Head's Employment	Current Employer	From	To	Wages	Per Hour	Per Week	Per Month
Past 5 Years (and /or school)	Address	Position		Base Pay	\$	\$	\$
	City , State, Zip	Phone #		Overtime	\$	\$	\$
	Previous Employer	From	To				
	Address	Position		Base Pay	\$	\$	\$
	City , State, Zip			Overtime	\$	\$	\$

Spouse's or Co-Head's Employment	Current Employer	From	To	Wages	Per Hour	Per Week	Per Month
Past 5 Years (and/or school)	Address	Position		Base Pay	\$	\$	\$
	City , State, Zip	Phone #		Overtime	\$	\$	\$
	Previous Employer	From	To				
	Address	Position		Base Pay	\$	\$	\$
	City , State, Zip			Overtime	\$	\$	\$

AFDC, SS, SSI, Child Support, Disability, Unemployment, etc.	Type of AID	Case #	Amount per Month \$
	Name of Agency	Phone #	Ext.: Worker / File Number
	Address	City & Zip	Case Worker's Name
	Other Income (Explain)		Amount per Month \$
	Address	City & Zip	

Evictions	Have you ever been evicted: Yes No	When	From: Address, City, State, Zip
	If Yes, Reason why:		

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Assets	Head's Driver License # or Calif. I.D. #		Spouse or Co-Head's Driver License # or Calif. I.D. #					
	Automobile - Make	Year	Vehicle license #					
	Automobile - Make	Year	Vehicle license #					
	Value of Furniture: \$	Value of Personal Effects: \$	Real Property: \$					
Banking and Savings & Loans Connections	Bank	Phone #	Savings: \$	Account #				
	Address		Checking: \$	Account #				
	City, State, Zip							
	Bank	Phone #	Savings: \$	Account #				
	Address		Checking: \$	Account #				
	City, State, Zip							
Closest Relatives; Personal References	Name		Phone #	Relationship				
	Address		City, State, Zip					
	Name		Phone #	Relationship				
	Address		City, State, Zip					
Legal	Have you ever filed bankruptcy? Year:		County & State:					
	Have you ever had any suits, judgments, liens, or repossessions, or accounts in collection?		Year:					
	List which ones:		County & State:	In what amount? \$				
	Do you pay alimony or child support? If yes, how much alimony? \$		Child Support \$					
Credit References Open & Closed Mortgage Loans Auto Loans Finance Loans Stores Others	Credit Company	Describe	Account #	Date Open	High Credit	Mo. Payment	Balance	
	Name	Phone			\$	\$	\$	
	Address		Zip					
	Name	Phone			\$	\$	\$	
	Address		Zip					
	Name	Phone			\$	\$	\$	
	Address		Zip					
	Name	Phone			\$	\$	\$	
	Address		Zip					
	Do you have a need for an accessible unit?							
How did you hear about the property?								
Are you or any other Adult household member a student? If yes, which member?								
Head of Household: Ethnic Categories - Select one:		Hispanic or Latino:	Not Hispanic or Latino:					
Racial Categories: Select all that apply:		American Indian or Alaska Native:	Asian:	Black or African American:				
		Native Hawaiian or Other Pacific Islander:	White:	Other:				
Is any member of the household a veteran? If yes, which member								
Are there any unusual expenses or unusual medical and/or dental expenses?								
If yes, which type		For which family member		approx. monthly cost \$				

AUTHORIZATION TO VERIFY INFORMATION

I authorize SUBSIDIZED HOUSING CORPORATION or their agent to verify all information on this Application Form, including but not limited to landlord, credit, drug, criminal, sex offender reports. I certify that the information given in this application is true and complete to the best of my knowledge.

Date: _____ Applicant: _____

Date: _____ Applicant: _____