

213-559-2215 tel 213-559-2295 fax  
support@calrental.com

Warning: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations

Full Name (Head of Household)				Soc.Sec.#		Date of Birth		Age		
Birthplace -- City & State				Phone #						
Email of Head of Household (please print clearly)				Email						
Full Name (Spouse or Co-Head)				Soc.Sec.#		Date of Birth		Age		
Birthplace -- City & State				Phone #						
Email of Spouse or Co-Head (please print clearly)				Email						
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: Print how related, such as: son, daughter, niece	Family Member's Full Name		Age	Relation to Head	Sex:M/F	Date of Birth	Social Security Number		Source of Income	
	1.			Head						
	2.									
	3.									
	4.									
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 Past 5 Years	Current Employer		From	To		Wages	Per Hour	Per Week	Per Month	
	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 Past 5 Years	Current Employer		From	To		Wages	Per Hour	Per Week	Per Month	
	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:		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						
	Name Phone				\$	\$	\$
Address Zip							

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: \_\_\_\_\_

Date: \_\_\_\_\_ Applicant: \_\_\_\_\_