



Rental Application Form

SUBSIDIZED HOUSING CORPORATION

Date _____

12404 McCann Drive, Santa Fe Springs, CA 90670

(562) 944-3858

Fax: (562) 944-0089

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

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

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

Head's Employment Past 5 Years (and /or school)	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 (and/or school)	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.:
	Address	City & Zip	Worker / File Number
	Other Income (Explain)		Case Worker's Name
	Address	City & Zip	Amount per Month \$

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

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Assests	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								
	Name		Phone	Relationship					
	Address								
Legal	Have you ever filed bankruptcy?		Year:	County & State:					
	Have you ever had any suits, judgements, liens, or repossessions, or accounts in collection?								
	List which ones:		County & State:		In what amount? \$				
	Do you pay alimony or child support?		If yes, how much allmony? \$		Child Support \$				
Credit References Open & Closed Mortgage Loans Auto Loans Finance Loans Stores Others Misc.	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						
	Address		Zip						
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 \$					
Is any amount taken out of earnings for medical and/or dental insurance?				If yes, how much monthly \$					

AUTHORIZATION TO VERIFY INFORMATION

I authorize SUBSIDIZED HOUSING CORPORATION or their authorized agents to verify all the information on this Credit Application Form, including but not limited to obtaining a credit report.

Date: _____

Applicant: _____

Date: _____

Applicant: _____



EQUAL HOUSING OPPORTUNITY