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TENANT APPLICATION FORM

PART 1: WHICH PROPERTY ARE YOU APPLYING FOR:

PROPERTY ADDRESS:	UNIT SIZE:	DATE:
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PART 2: HEAD OF HOUSEHOLD INFORMATION

LAST NAME:	FIRST NAME:	PHONE NUMBER:
CURRENT/MAILING ADDRESS:		

PART 3: HOUSEHOLD COMPOSITION

#	LAST NAME	FIRST NAME	RELATIONSHIP	BIRTHDATE	LAST 4 DIGIT OF SOCIAL SECURITY NO.
1			HEAD OF HOUSEHOLD		
2					
3					
4					
5					
6					

PART 4: HOUSEHOLD TOTAL ANNUAL GROSS INCOME

#	MONTHLY WAGES	MONTHLY SOC. SECURITY/ SSI/ SSA	MONTHLY PUBLIC ASSISTANCE	OTHER INCOMES (unemployment, etc..)	ANNUAL ASSETS (10% OF VALUE)
1					
2					
3					
4					
5					
6					
SUB-TOTALS	add all income in the second to last box				
HOUSEHOLD ANNUAL GROSS INCOME: X 12					
(IF THIS BOX IS EMPTY; THEN, YOUR APPLICATION WILL BE DENIED)					

PART 4: HEAD OF HOUSEHOLD CURRENT EMPLOYMENT

NA _____ UNEMPLOYMENT _____ (Currently receiving a check)

1	EMPLOYER NAME:	PHONE NO.:	CONTACT PERSON:	HOW LONG HAVE YOU WORK?:	
	EMPLOYER ADDRESS:		CITY:	STATE:	ZIP:
2	EMPLOYER NAME:	PHONE NO.:	CONTACT PERSON:	HOW LONG HAVE YOU WORK?:	
	EMPLOYER ADDRESS:		CITY:	STATE:	ZIP:

PART 5: 3 YEARS PLUS OF RENTAL HOUSING HISTORY

(PLEASE STATE ACTUAL FORMER ADDRESS NOT "HOMELESS" THANK YOU)

1	YOUR CURRENT ADDRESS:	MONTHLY RENT:
	CITY/ STATE/ ZIP CODE:	HOW LONG HAVE YOU LIVE HERE?:
	LANDLORD/ CONTACT PERSON NAME:	LANDLORD/ CONTACT PERSON PHONE NO.:
2	YOUR FORMER ADDRESS:	MONTHLY RENT:
	CITY/ STATE/ ZIP CODE:	HOW LONG HAVE YOU LIVE HERE?:
	LANDLORD/ CONTACT PERSON NAME:	LANDLORD/ CONTACT PERSON PHONE NO.:
3	YOUR FORMER ADDRESS:	MONTHLY RENT:
	CITY/ STATE/ ZIP CODE:	HOW LONG HAVE YOU LIVE HERE?:
	LANDLORD/ CONTACT PERSON NAME:	LANDLORD/ CONTACT PERSON PHONE NO.:

PART 6: PERSONAL REFERENCES

1	REFERENCE NAME:	PHONE NUMBER:
	ADDRESS:	HOW LONG HAVE YOU KNOWN HIM/ HER?:
2	REFERENCE NAME:	PHONE NUMBER:
	ADDRESS:	HOW LONG HAVE YOU KNOWN HIM/ HER?:

PART 7: INFORMATION ABOUT RENTAL ASSISTANCE

DO YOU RECEIVE ANY RENTAL ASSISTANCE?: YES _____ NO _____ COUNTY: _____

TYPE OF ASSISTANCE:	MONTHLY VALUE OF RENTAL ASSISTANCE:
NAME OF SOCIAL WORKER/ CONTACT PERSON:	PHONE NUMBER OR ADDRESS:

NOTE: No pianos, organs, waterbeds, or pets allowed.

In compliance with the Fair Credit Reporting Act, we are informing you that information as to your character, general reputation, and mode of living is verified. The facts set forth in this application are true and complete. You as the prospective tenant agree that a complete investigation of all on this application will not constitute invasion of privacy. I am aware of and extend the privilege to ASIAN, Inc. to obtain credit reports and/ or character reports as necessary. I understand that any misrepresentations will be sufficient cause for dismissal or voiding of this application. I agree to all the above and sign this of my own volition.

SIGNED BY: _____
HEAD OF HOUSEHOLD

 DATE



FOR OFFICE USE ONLY		#:
PRE-APPROVAL ON THE BASIS OF INCOME	APPLICATION ACTION CHECKLIST	DATE AND INITIAL
	2)	
<input type="checkbox"/> 30% AMI	3)	
<input type="checkbox"/> 35% AMI	4)	
<input type="checkbox"/> 40% AMI	5)	
<input type="checkbox"/> 50% AMI	6)	
<input type="checkbox"/> 60% AMI	7)	
<input type="checkbox"/> 80% AMI	8)	
<input type="checkbox"/> NSI	9)	
<input type="checkbox"/> EXMXI	10)	
<input type="checkbox"/> NSFS	11)	
<input type="checkbox"/> MXFS		
<input type="checkbox"/> INCOMP. APPL.		
<input type="checkbox"/> ROHL EXP		
<input type="checkbox"/> OTHER:		