



Apartment Application

Please complete this application with all pertinent details. The information requested provides the basis for our selection of the best neighbors for you and all our residents. If accepted as a resident, this application is to become a part of the lease agreement. All information provided will be kept in confidence.

Today's Date _____

Name _____ Age _____ Present phone _____

Present Address _____ How long lived there _____

City _____ State _____ Zip _____

Previous Address _____ How long lived there _____

Employed By _____ Address _____

Phone _____ Position _____ How long _____ Income _____

Previous Employment _____ How long _____

Number of Children ____ Name _____ Age _____

Name _____ Age _____ Name _____ Age _____

Will anyone other than those listed above occupy the apartment with you?

Yes No

Name _____ Age _____ Length at previous address _____

Employed By _____ Address _____

Phone _____ Position _____ How long _____ Income _____

Name _____ Age _____ Length at previous address _____

Employed By _____ Address _____

Phone _____ Position _____ How long _____ Income _____

How many vehicles (personal or company) would you keep at your apartment? _____

Make _____ Model _____ Year _____ Color _____ License _____

Make _____ Model _____ Year _____ Color _____ License _____

Social Security Number _____ Driver's License Number _____

Banks where accounts are _____ Account Numbers _____



Are you in Recovery? Yes No If yes, how long? _____

Do you currently have a Section 8 or Shelter Plus Care certificate? Yes No

If yes, when does the certificate expire? _____

What partner agency will provide case management/support? _____

Contact Name _____ Phone _____

Financial References (Bank, Retail, etc.)

Name _____ Business _____ Phone _____

Name _____ Business _____ Phone _____

Personal References (Friends, Family, Employers)

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

From whom did you last rent (or presently) _____

Phone number _____ Fax _____

Rent amount \$ _____ /month Reason for moving? _____

How did you locate Renewal House? _____

I understand a background check and drug screen is required as part of my application process: Yes

For Office Use Only

Approved Disapproved Reason _____

Apartment Number _____ Rent Amount \$ _____ Deposit Amount \$ _____

Applicant Signature

Date