



Pre-Rental Application

Church Community Housing Corporation

OFFICE USE:

Date and
Time Rec'd:

Name of Development: _____ Location: _____
Number of bedrooms desired: _____

Name: _____

Present street address: _____ Apt #: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Work phone: _____ Alternate phone: _____

Email address: _____

Driver's License #: _____

Do you own a vehicle? Yes ___ No ___ Registration #: _____ State: _____

The following information is required by HUD for all those who live in an apartment, including yourself:

Name	Sex	Relationship	Date of Birth	Place of Birth	Social Security #

Present landlord: _____ Landlord's Address: _____

Landlord's phone: _____ How long have you lived there?: _____

Present monthly rent: _____ Fuel & electronic cost per month: _____

Previous address: _____

Previous landlord: _____ Previous landlord's address: _____

Previous landlord's phone #: _____

Monthly rent: _____ Fuel & electric cost per month: _____

EMPLOYMENT DATA FOR ALL HOUSEHOLD MEMBERS

Current employer: _____

Address: _____ Phone: _____

Length of employment with this company: _____ Gross Annual Wage: _____

Current employer: _____

Address: _____ Phone: _____

Length of employment with this company: _____ Gross Annual Wage: _____

OTHER SOURCES OF INCOME FOR ALL FAMILY MEMBERS

Head of household gross monthly social security amount \$ _____

Spouse/Other gross monthly amount social security amount \$ _____

SSI/SSDI Gross monthly amount \$ _____

Pension amount (gross) per month \$ _____ Name of recipient: _____

Pension Fund Name & Address: _____

Veteran's benefits: Amount per month \$ _____ VA File # _____

Public Assistance per month \$ _____

Other income (child support, TDI, unemployment or other) _____

Do you receive recurring cash gifts from anyone? _____

ASSETS

Checking accounts:

Bank: _____ Balance: _____

Bank: _____ Balance: _____

Savings/Certificates of Deposit Accounts (CDs)

Bank: _____ Balance: _____

Bank: _____ Balance: _____

Stocks, Bonds, Mutual Funds, Trust Funds, Whole Life Insurance

Name of Stock: _____ Value: _____ Annual Income: _____

Name of Stock: _____ Value: _____ Annual Income: _____

Real Estate/ Mobile Homes:

Description/Address: _____

Estimated Value: \$ _____ Balance due on mortgage: _____

During the past 2 years, have you given away more than \$1,000 or disposed of other assets for less than their fair market value? Yes _____ No _____ If yes, please explain: _____

MISCELLANEOUS INFORMATION

Is any household member over 18 a full time student? _____

Were you ever the subject of any eviction complaint? YES _____ NO _____

If yes, please explain: _____

The following information will be required by the federal government to monitor this owner’s compliance with equal housing opportunity and fair housing laws. The law provides that an applicant may not be discriminated against on the basis of the information supplied below or whether or not the information is furnished.

Race/National Origin

___ White/not Hispanic

___ Hispanic

___ I do not wish to furnish the above information

___ Black/Not of Hispanic origin

___ Asian or Pacific Islander

___ American Indian or Alaskan native



The Fair Housing Act prohibits discrimination in the sale, rental and financing of dwellings based on race, color, religion, sex or national origin. An aggrieved person may file a complaint with:

Rhode Island Housing
44 Washington Street
Providence, Rhode Island 02903
TEL: (401) 751-5566

U.S. Department of Housing and Urban Development
121 South Main Street
Providence, Rhode Island 02903
TEL (401) 277-8300

Please note that this is a preliminary application and in no way insures occupancy, additional information may be requested to complete processing of your application. Your signature gives written consent to the management to verify information in this application. A false statement or misrepresentation on your application will affect approval of residency.

DATE: _____ SIGNATURE: _____