

NEIGHBORHOOD HOUSING & DEVELOPMENT CORPORATION

633 NW 8th Avenue
Gainesville, FL 32601
Rental Intake Form

***Demographic information used to report to HUD only. It is not considered in choosing applicants for rental housing.**

Name: _____
Last First Middle Initial

CURRENT PHYSICAL ADDRESS

Street

City State Zip code

Home: () - Work: () -

- - / /
Social Security Number Birth date

Email address: _____

Race (please circle all that apply):

White, not of Hispanic origin Hispanic American Indian/Alaskan Native
Black, not of Hispanic origin Asian/Pacific Islander Other

Marital Status (please circle): Single Married Divorced Separated Widowed

Gender (please circle): Female Male

Disabled? Yes No

Foreign-born? Yes No

Language spoken in the home (if not English): _____

Current Housing Arrangement (please circle):

Rent \$ Homeowner with mortgage Homeless Homeowner with mortgage paid off
Living with family member and not paying rent

Gross (before taxes) **Annual Household Income** (Total from all who will live in the home): \$ _____

Education (please circle one):

Below High School Diploma Two-Year College Graduate Degree
High School Diploma or Equivalent Bachelors Degree

Referred to HomeOwnership Center by (please circle all that apply):

Print Advertisement Bank Government TV
Staff/board member Walk-In Friend Radio

Are there dependents that will be living in the home? Yes No If yes, list below:

Ages

Are there non-dependents that will be living in the home (other than the Co-Applicant)?

Name and Relationship _____ Name and Relationship _____

CO-APPLICANT INFORMATION

Name: _____
Last First Middle Initial

CURRENT PHYSICAL ADDRESS

Street _____

City State Zip code

Home: () - Work: () -

- - / /
Social Security Number Birth date

Email address: _____

Race (please circle all that apply):

White, not of Hispanic origin Hispanic American Indian/Alaskan Native

Black, not of Hispanic origin Asian/Pacific Islander Other

Marital Status (please circle): Single Married Divorced Separated Widowed

Relationship to borrower: _____

Gender (please circle): Male Female Foreign-born? Yes No Disabled? Yes No

Veteran? Yes No

AUTHORIZATION

I/We hereby give Neighborhood Housing & Development Corporation Home Ownership Center permission to submit client-level information to the data collection system for the Department of Housing & Urban Development (HUD) Counseling grant, open files to be reviewed for program monitoring compliance purpose and provide authorization to conduct follow-up with client related to program evaluation. All information will be kept confidential.

Customer _____

Date _____

Co-Applicant _____

Date _____

NHDC is an Equal Opportunity Lender



NHDC RENTAL APPLICATION
Equal Housing Opportunity

The undersigned hereby makes an application to NHDC to rent residential property located at: _____

Anticipated move date of _____ at a monthly rent of \$ _____ and security deposit of \$ _____.

PLEASE TELL US ABOUT YOURSELF

Full Name _____ Home Phone () _____
Date of Birth _____ Social Security # _____
Email Address: _____ (optional) Other Phone () _____
Co-Applicant Name _____ Names of Dependents _____
Co-Applicant Date of Birth _____ Social Security # _____
Dependents Date of Birth _____
List All Pets _____

PLEASE GIVE RESIDENTIAL HISTORY (LAST 3 YEARS)

Current Address _____ Apt# _____ City _____ State _____ Zip _____
Month/Year Moved In _____ Reasons for Leaving _____ Rent \$ _____
Owner/Agent _____ Phone () _____
Previous Address (last 3 years) _____ Rent \$ _____
Owner/Agent _____ Phone () _____

PLEASE DESCRIBE YOUR CREDIT HISTORY

	Applicant	Co-Applicant
Have you declared bankruptcy in the past five (5) years?	Yes _____ No _____	Yes _____ No _____
Have you ever been evicted from a rental residence?	Yes _____ No _____	Yes _____ No _____
Have you had two or more late rental payments in the past year?	Yes _____ No _____	Yes _____ No _____
Have you ever willfully or intentionally refused to pay rent when due?	Yes _____ No _____	Yes _____ No _____

PLEASE PROVIDE APPLICANT EMPLOYMENT INFORMATION

Applicant Status: _____ Full Time _____ Part Time _____ Student _____ Unemployed
Employer _____
Dates employed _____ Employed as _____
Supervisor Name _____ Phone () _____
Salary \$ _____ per _____. (If employed by above less than 12 months, give name & phone of previous employer or school: _____.)

If you have other sources of income that you would like us to consider, please list income, source, and person (banker, employer, etc.) who we may contact for confirmation. You do not have to reveal alimony, child support, or spouse's annual income unless you want us to consider it in this application.

Amount \$ _____ Source _____
Contact Name _____ Contact Phone _____

PLEASE PROVIDE CO-APPLICANT EMPLOYMENT INFORMATION

Applicant Status: _____ Full Time _____ Part Time _____ Student _____ Unemployed
Employer _____
Dates employed _____ Employed as _____
Supervisor Name _____ Phone () _____
Salary \$ _____ per _____. (If employed by above less than 12 months, give name & phone of previous employer or school: _____.)

If you have other sources of income that you would like us to consider, please list income, source, and person (banker, employer, etc.) who we may contact for confirmation. You do not have to reveal alimony, child support, or spouse's annual income unless you want us to consider it in this application.

Amount \$ _____ Source _____
Contact Name _____ Contact Phone _____

PLEASE LIST ALL APPLICANT FINANCIAL OBLIGATIONS

NAME OF CREDITOR	PHONE
ADDRESS	MONTHLY PAYMENT AMT.
NAME OF CREDITOR	PHONE
ADDRESS	MONTHLY PAYMENT AMT.
NAME OF CREDITOR	PHONE
ADDRESS	MONTHLY PAYMENT AMT.
NAME OF CREDITOR	PHONE
ADDRESS	MONTHLY PAYMENT AMT.

PLEASE LIST ALL COAPPLICANT FINANCIAL OBLIGATIONS

NAME OF CREDITOR	PHONE
ADDRESS	MONTHLY PAYMENT AMT.
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ADDRESS	MONTHLY PAYMENT AMT.
NAME OF CREDITOR	PHONE
ADDRESS	MONTHLY PAYMENT AMT.
NAME OF CREDITOR	PHONE
ADDRESS	MONTHLY PAYMENT AMT.

PLEASE LIST YOUR REFERENCES**Banking Accounts:**

Name _____ Type of Account _____
Name _____ Type of Account _____
Name _____ Type of Account _____
Name _____ Type of Account _____

Personal Reference or Emergency Contact:

Name _____ Address _____
Phone _____ Relationship _____

Driver's License:

Applicant Driver's License Number _____ State _____
Co Applicant Driver's License Number _____ State _____

Vehicle Information:

Make / Model _____ Year _____ License Plate State _____
Insurer's name _____ Phone _____

Make / Model _____ Year _____ License Plate State _____
Insurer's name _____ Phone _____

ADDITIONAL INFORMATION:

Please give any additional information that might help owner/management evaluate this application?

Where may we reach you to discuss this application?

Day Phone # () _____ Night Phone # () _____

I hereby apply to lease the above described premises for the term and upon the set conditions above set forth and agree that the rental is to be payable the first day of each month in advance. As an inducement to the owner of the property and to the agent to accept this application, I warrant that all statements above set forth are true; however, should any statement made above be a misrepresentation or not a true statement of facts, all of the deposit will be retained to offset the agent's cost, time, and effort in processing my application.

I hereby deposit \$50.00 earnest money to cover the costs to NHDC for a tenant investigation. This fee is non-refundable. If approved, I agree to execute a lease for 12 months and to pay the security deposit prior to the move in date. I recognize that as a part of your procedure for processing my application, an investigative consumer report may be prepared whereby information is obtained through personal interviews with others with whom I may be acquainted. This inquiry includes information as to my character, general reputation, personal characteristics, and mode of living.

The above information, to the best of my knowledge, is true and correct.

Please sign: X _____
Signature of Applicant Date _____

Please sign: X _____
Signature of Co-Applicant Date _____

APPLICANT: PLEASE DO NOT WRITE BELOW (FOR OFFICE USE ONLY)

Deposit of \$ _____ Received by _____ Date _____

OFFICE NOTES:



Neighborhood Housing & Development Corporation

633 NW 8th Avenue

Gainesville, FL 32601

Phone: (352) 380-9119, Fax: (352) 380-9170

AUTHORIZATION Release of Information

I agree to permit an investigation of my credit, tenant history, banking and employment for the purposes of renting an apartment or house with this owner/manager.

Applicant Name (please print)

Please sign: X _____
Signature of Applicant Date

Co-Applicant Name (please print)

Please sign: X

Signature of Co-Applicant Date _____