

Cali Triplex – Rental Application

PERSONAL INFORMATION

Name of applicant(s) (include middle initial) _____

Current address _____

Phone _____ E-mail (optional) _____

Names of other persons to occupy apartment:

Emergency contact person _____ Phone _____

Address _____

RENTAL HISTORY

Current landlord _____

Phone _____ Length of time at this address _____

Previous street address _____

Previous landlord _____

Phone _____ Length of time at this address _____

Previous street address _____

Previous landlord _____

Phone _____ Length of time at this address _____

Have you been to court for eviction during the last two years? (circle one) Yes No

If yes, did a judge order you to move as a result? (circle one) Yes No

Explanation/comments: _____

CREDIT HISTORY

Please provide the following:

- Social Security Number ____/____/____
- Individual Taxpayer Identification Number ____/____/____
- Date of birth ____/____/____
- A copy of your credit report obtained from a nationwide consumer reporting agency in the last 30 days (if available)
- Other _____

IMPORTANT NOTICE TO APPLICANT(S) ABOUT YOUR RIGHTS: In accordance with state and local fair housing law, the above information is requested solely for the purpose of obtaining accurate information about your credit history and/or rental history. These pieces of information can help ensure that the information obtained pertains to the applicant and not to another person with a similar name.

Disclosure of Social Security Number or date of birth is strictly voluntary. This application shall not be rejected based on your decision to decline to provide a Social Security Number or information about your age, unless such disclosure is required by state or federal law. If disclosure of Social Security Number is mandated by state or federal law, the landlord shall notify the applicant here _____ of the specific state or federal statute which mandates such disclosure (MGO 32(16)).

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FINANCIAL HISTORY

Income

Source	Amount	Person to contact for verification	Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Bank references

	Name of bank	Address	Account number
Savings	_____	_____	_____
Checking	_____	_____	_____
Other	_____	_____	_____
Other	_____	_____	_____

Loan and credit payments

Type of loan/credit	Amount paid monthly	Institution	Phone number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

MISCELLANEOUS

Pets are allowed. Number and type of pet owned by applicant: _____

Smoking is/is not (landlord circle one) **allowed in the rental unit.**

Are you or any of your household members a Veteran? _____

Is any household member a lifetime registered sex offender? (circle one) **Yes** **No**

I certify that the information on this application is correct to the best of my knowledge. I give the landlord permission to verify all information on this application. I understand that any misrepresentation made on this application is reason for the application to be rejected.

Notice to Applicant: Do you wish to receive a written explanation of a denial of tenancy?
(circle one and initial) Yes No Initials _____

Applicant Signature _____ Date _____
Applicant Signature _____ Date _____
Applicant Signature _____ Date _____

For landlord use only

Verification of Rental History

Current landlord: Name _____	Phone _____	Date Verified _____
Previous Landlord: Name _____	Phone _____	Date Verified _____
Previous Landlord: Name _____	Phone _____	Date Verified _____
Circuit Court _____		Date Verified _____

AUTHORIZATION FOR RELEASE OF INFORMATION

CONSENT

I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to SAWYER COUNTY HOUSING AUTHORITY any information or materials needed to complete and verify my application for participation, and/or to maintain my continued assistance under the Section 8, Rental Rehabilitation, Low-Income Public and Indian Housing, and/or other housing assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies.

I also consent for HUD or the PHA to release information from my file about my rental history to HUD, credit bureaus, collection agencies, or future landlords. This includes records on my payment history, and any violations of my lease or PHA policies.

INFORMATION COVERED

I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested, include but are not limited to:

Identity and Marital Status	Employment, Income, and Assets	Residences and Rental Activity
Medical or Child Care Allowances	Credit and Criminal Activity	

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a housing assistance program.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information (depending on program requirements) include but are not limited to:

Previous Landlords (including Public Housing Agencies)	Past and Present Employers	Veterans Administration
Courts and Post Offices	Welfare Agencies	Retirement Systems
Schools and Colleges	State Unemployment Agencies	Banks and other Financial Institutions
Law Enforcement Agencies	Social Security Administration	Credit Providers and Credit Bureaus
Support and Alimony Providers	Medical and Child Care Provider	Utility Companies

COMPUTER MATCHING NOTICE AND CONSENT

I understand and agree that HUD or the Public Housing Authority may conduct computer matching programs to verify the information supplied for my application or recertification. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove with other Federal, State, or local agencies, including but not limited to: State Employment Security agencies; Department of Defense; Office of Personnel Management; the U.S. Postal Service; the Social Security Agency; and State welfare and food stamp agencies.

CONDITIONS

I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file with the PHA and will stay in effect for a year and one month from the date signed. I understand I have a right to review my file and correct any information that I can prove is incorrect.

Head of Household

Print Name

Date

Spouse/Co-Tenant

Print Name

Date