



# Release of Information Authorization Equal Housing Opportunity

Thank you for your interest in our rental housing. Please complete this Application in its entirety and return to CAC.AffordableHousing@commaction.org. Failure to submit a completed application will result in your Application being disqualified.

## PERSONAL INFORMATION – Primary Applicant

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## PERSONAL INFORMATION – Co-Applicant

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## Additional Proposed Occupants

Please provide the name and age of all members who will reside in the unit, including children or other adults.

## Emergency Contact Information

PRIMARY APPLICANT		CO-APPLICANT	
Name:	Phone:	Name:	Phone:

## Additional Household Information

Do you have any pets? \_\_\_\_\_ YES \_\_\_\_\_ NO

What types of pets do you have? \_\_\_\_\_ CAT(s) \_\_\_\_\_ DOG(s) \_\_\_\_\_ Other \_\_\_\_\_

Do you or anyone in your household smoke? \_\_\_\_\_ YES \_\_\_\_\_ NO





## Rental History – 3-Year Rental History

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### Current Residence

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Owner/Manager Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Move-in Date: \_\_\_\_\_ Move-out Date: \_\_\_\_\_ Rental Rate: \$ \_\_\_\_\_

Reason for  
leaving:

\_\_\_\_\_

### Previous Address

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Owner/Manager Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Move-in Date: \_\_\_\_\_ Move-out Date: \_\_\_\_\_ Rental Rate: \$ \_\_\_\_\_

Reason for  
leaving:

\_\_\_\_\_

### Previous Address

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Owner/Manager Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Move-in Date: \_\_\_\_\_ Move-out Date: \_\_\_\_\_ Rental Rate: \$ \_\_\_\_\_

Reason for  
leaving:

\_\_\_\_\_

### Previous Address

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Owner/Manager Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Move-in Date: \_\_\_\_\_ Move-out Date: \_\_\_\_\_ Rental Rate: \$ \_\_\_\_\_

Reason for  
leaving:

\_\_\_\_\_





## Employment History – Primary Applicant

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Current/Most Recent Employer: \_\_\_\_\_ Pay Rate: \$ \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

Job Title: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Start Date (MM/YYYY): \_\_\_\_\_ End Date (MM/YYYY): \_\_\_\_\_

Former Employer: \_\_\_\_\_ Pay Rate: \$ \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

Job Title: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Start Date (MM/YYYY): \_\_\_\_\_ End Date (MM/YYYY): \_\_\_\_\_

Former Employer: \_\_\_\_\_ Pay Rate: \$ \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

Job Title: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Start Date (MM/YYYY): \_\_\_\_\_ End Date (MM/YYYY): \_\_\_\_\_

## Employment History – Co-Applicant

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Current/Most Recent Employer: \_\_\_\_\_ Pay Rate: \$ \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

Job Title: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Start Date (MM/YYYY): \_\_\_\_\_ End Date (MM/YYYY): \_\_\_\_\_

Former Employer: \_\_\_\_\_ Pay Rate: \$ \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

Job Title: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Start Date (MM/YYYY): \_\_\_\_\_ End Date (MM/YYYY): \_\_\_\_\_

Former Employer: \_\_\_\_\_ Pay Rate: \$ \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

Job Title: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Start Date (MM/YYYY): \_\_\_\_\_ End Date (MM/YYYY): \_\_\_\_\_





## Current Income

Primary Applicant Income Source		Co-Applicant Income Source	
Source of Income	Monthly Gross Income	Source of Income	Monthly Gross Income
_____ Employment Income	_____	_____ Employment Income	_____
_____ Self-Employment Income	_____	_____ Self-Employment Income	_____
_____ Social Security	_____	_____ Social Security	_____
_____ SSI/SSDI	_____	_____ SSI/SSDI	_____
_____ VA/Pension	_____	_____ VA/Pension	_____
_____ TANF/AFDC	_____	_____ TANF/AFDC	_____
_____ Worker's Compensation	_____	_____ Worker's Compensation	_____
_____ Other _____	_____	_____ Other _____	_____

If you have any other sources of income that you would like us to consider, please list the income, source, and person (banker, employer, etc.) whom we may contact for confirmation. You do not have to reveal alimony, child support, or spousal support unless you would like us to consider it for this application.

## Miscellaneous Information

Please describe any past issues with your former residence so we can be sure these issues do not reoccur.





## Unit Selection

Please indicate the unit for which you are submitting this application. **Rent is based on household size and income.** A separate application must be submitted for each unit.

Address of Unit	Beds	Baths	Address of Unit	Beds	Baths
____ 417A Douglas Avenue	2	1	____ 2425 Pierson Drive	3	2
____ 417B Douglas Avenue	2	1	____ 1156 Anderson Street	4	1
____ 357 Corral Street	2	1	____ 3009 Maddie Lane	4	2
____ 3065 Maddie Lane	3	2	____ 153 Rugby Road	3	1
____ 3579 Olympia Drive	3	2	____ 2764 Stoney Park Lane	3	2
____ 3504 Branchwood Place	3	2	____ 2848 Ashby Glenn Place	3	2
____ 535 Shaftsbury Road	3	1	____ 466 Greenwood Drive	4	2

## Rental Rate Calculations

The undersigned hereby submits this application to become the rental tenant of the Community Action Council-owned rental property indicated above. If selected, I understand that my monthly rental rate will be the total of the monthly rent plus (+) any additional fees or charges, including utility charges, pet rates, and other additional services, as identified below.

The cost of my selected unit is \$ \_\_\_\_\_ per month, plus the following:

PLEASE SELECT	RATES
____ Utility Expenses (If not included in the rent)	\$ _____
____ Monthly Pet Rate	\$ _____
<b>TOTAL MONTHLY RATE IF APPROVED</b>	<b>\$ _____</b>

## Security Deposit Calculations

The one-time security deposit cost for my selected unit is \$ \_\_\_\_\_

PLEASE SELECT	DEPOSIT AMOUNTS
____ Pet Security Fee	\$ _____
____ Miscellaneous Fees: _____	\$ _____
<b>TOTAL SECURITY DEPOSIT DUE IF APPROVED</b>	<b>\$ _____</b>





## Acknowledgment and Attestation

I hereby apply to lease the premises specified in the previous section (henceforth referred to as "Premises") for the term and upon the conditions set forth in this application. I acknowledge and agree that rent is payable on the first day of each month. As an inducement to the Owner of the property and their representatives (collectively referred to as "Landlord") to accept this application, I represent and warrant that all statements made in this application are true and correct to the best of my knowledge. However, should any statement made in this application be untrue, incorrect, or a misrepresentation of the fact(s), I agree that my application will be denied, and my Application Fee (defined below) will be retained by the Landlord to offset their cost, time and effort in processing my application.

I hereby deliver to the Landlord \$ \_\_\_\_\_ as an application fee in connection with my application to lease the Premises. Except as otherwise provided in this application, the Application Fee will be refunded to me if this application is not accepted by the Landlord within three (3) business days. Upon acceptance, the Application Fee shall be retained as partial payment of the security deposit due under the lease for the Premises. If my application is so approved and accepted, within three (3) business days, I agree to execute a lease for the Premises for a term of \_\_\_\_\_ months before possession is given, using the Landlord's standard lease form. I agree to pay the balance of the security deposit at the time I execute the lease. To the maximum extent permitted by law, if my application is not approved or accepted by the Landlord, I agree that the refund of the Application Fee will be my sole remedy, and I hereby waive any claim for damages by reason of non-acceptance of my application. If I withdraw my application for any reason, I understand and agree that the Application Fee will be retained by the Landlord to offset the cost, time and effort of processing my application. Additionally, if I fail to execute the lease for the Premises using the Landlord's standard lease form within three (3) business days after notification of acceptance and approval of this application, I understand and agree that the Application Fee will be retained by the Landlord to offset the cost, time and effort of processing my application.

This Application to rent the Premises herein will be made a part of the Lease upon execution of said Lease. Applicant warrants the information contained herein to be true, and if false, Landlord may, at Landlord's sole discretion, terminate said Lease.

I acknowledge that as part of the Landlord's procedure for processing my Application, an investigative consumer report and background screening will be completed. I authorize the Landlord to complete a Credit and Criminal Background Check, as evidenced by my signature herein. I also recognize that the Landlord, as a part of their application screening process, may conduct personal interviews with others with whom I may be acquainted to obtain information as to my character, general reputation, personal characteristics, and mode of prior living.

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

**PRIMARY APPLICANT:**

**CO-APPLICANT:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date





## Release of Information Authorization Equal Housing Opportunity

I authorize an investigation of my credit, banking, employment, criminal, and tenant history for the purposes of renting a single-family house, apartment, duplex/multi-plex unit, or condominium for this Landlord/Owner/Agent.

**PRIMARY APPLICANT:**

**CO-APPLICANT:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

If you have any questions, please contact the Council's Affordable Housing staff at 859-382-1043.

**DO NOT WRITE BELOW THIS LINE (FOR OFFICE USE ONLY)**

**Deposit Received:** YES      NO

**Received By (Name):** \_\_\_\_\_

**Deposit Amount Received:** \$ \_\_\_\_\_

**Date Deposit Received:** \_\_\_\_\_

