



Rental Application



Address of unit you are applying for: _____

Information on all persons to reside in unit (List head of household first):

Last Name	First Name	MI	DOB	Social Security #	M/F

Phone #(s): _____

List any alternate names (alias, maiden name, etc): _____

Is applicant or co-applicant a full-time student? If yes, name of school: _____

Complete Student Screening Criteria (See attached)

Current phone numbers: _____

Employment (Current) Head of Household:

Employer:					
Address:					
Phone:					
Job Title:				First Date of Employment:	
Hourly Rate:		Avg. Wkly Hrs.		Gross Household Income:	

Employment (Current) Co-Applicant:

Employer:					
Address:					
Phone:					
Job Title:				First Date of Employment:	
Hourly Rate:		Avg. Wkly Hrs.		Gross Household Income:	

Previous Employment:

Employer:					
Address:				Phone:	
Emp. Dates:		to		Reason for Leaving:	

Previous Employment:

Employer:					
Address:				Phone:	
Emp. Dates:		to		Reason for Leaving:	

Other Income: (Sources for all income *must be listed* & marked appropriately)

	Yes	No	Name of Recipient	Start Date	Monthly Amount	Caseworker Name (if any)
Child support (List all children who receive support)						
Social Security/SSI/Disability						
VA Benefits						
AFDC/TANF Gen Assistance						
Alimony						
Grants or Scholarships						
Workers Compensation						
Interest (Bank, CD's etc.)						
Pension:						
*Zero Income:						
*Are you or any adult members of your household claiming zero income? Yes or No If Yes, who and why?						
Other:						

Checking and Saving Accounts:

Bank /CU/S&L & Address	Account #	Balance

Assets Owned:

Category	Value
Real Estate owned (list):	
Stocks/bonds:	
Vested value in retirement fund:	
Net worth of business owned:	
Personal property (i.e., gems, coins, painting, etc.):	
Assets (itemize) – Insurance settlements, lottery, inheritances, etc.):	
Other Assets:	

Liabilities: (List all monthly payments, i.e., cell phone, credit cards, etc.)

Name & address of Company	Account #	Monthly Payments	Months left to pay	Balance

Do you pay any of the following:

	Yes No		Name of Recipient	Monthly Amount
Alimony:				
Child Support:				
Separate Maintenance:				
Child Care:				
Union dues:				
Other:				
Other:				
Other:				

Residence Information: You must list your past Rental History (Attach additional sheets as necessary)

Current Address:				Phone:	
City/State/Zip:					
Landlord's Name:				Phone:	
Landlord Address:					
Monthly Rent:		Avg Utilities:		Length of Occupancy:	
Reason for moving:					

Previous Address:				Phone:	
City/State/Zip:					
Landlord's Name:				Phone:	
Landlord Address:					
Monthly Rent:		Avg Utilities:		Length of Occupancy:	
Reason for moving:					

Cont'd Residence Information:

Previous Address:		Phone:	
City/State/Zip:			
Landlord's Name:		Phone:	
Landlord Address:			
Monthly Rent:		Avg Utilities:	Length of Occupancy:
Reason for moving:			

How many evictions have been filed on you? _____

How many felonies have you been convicted of/plead guilty to: _____ When?: _____

Do any of the household members use controlled substances, including medical marijuana?

Yes or No

Are you currently on probation/parole? Yes or No

If Yes, list probation officer's name and number: _____

Personal References:

Name:		Phone:	
Relationship:		Years Acquainted:	

Name:		Phone:	
Relationship:		Years Acquainted:	

Name:		Phone:	
Relationship:		Years Acquainted:	

Person to notify in case of emergency: (including non-payment of rent)

Name:		Phone:	
Address:			
Relationship:		Years Acquainted:	

Race/Ethnicity Section

Ethnicity (check only one)	Race (check only one)
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> White
<input type="checkbox"/> Non-Hispanic or Latino	<input type="checkbox"/> Black/African American
	<input type="checkbox"/> Asian
	<input type="checkbox"/> American Indian/Alaskan Native
	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander
	<input type="checkbox"/> American Indian/Alaskan Native & White
	<input type="checkbox"/> Asian & White
	<input type="checkbox"/> Black African American & White
	<input type="checkbox"/> American Indian/Native & Black/African American
	<input type="checkbox"/> Other Multi-Racial

I/we hereby certify that the information stated above is true, correct and complete to the best of my/our knowledge. I/we further understand and agree that if any of the information I/we have provided in this application is found to be incomplete, incorrect, or false it will be ground for disqualification or denial of this application or termination of my/our lease. I/we also authorize the owner and/or owner's agent to verify application. This includes, but is not limited to, my/our present and/or prior employer(s), bank(s) or depositor(s), landlord(s), mortgage companies, creditor(s), credit bureau, and/or law enforcement agencies. I/we also certify that the income listed above is all that I/we have. _____ retains that right to obtain a credit report for the purpose of screening and collections.

Signature/Driver's License Number

Date

Signature/Driver's License Number

Date

HOME PROGRAM - INCOME SCHEDULE for City of Springfield								
Effective June 28, 2019								
HOUSEHOLD INCOME BY HOUSEHOLD SIZE								
	1-person	2-person	3-person	4-person	5-person	6-person	7-person	8-person
Median	\$44,100	\$50,400	\$56,700	\$62,900	\$68,000	\$73,000	\$78,000	\$83,100
80%	35,250	40,250	45,300	50,300	54,350	58,350	62,400	66,400
70%	30,870	35,280	39,690	44,030	47,600	51,100	54,600	58,170
60%	26,460	30,240	34,020	37,740	40,800	43,800	46,800	49,860
50%	22,050	25,200	28,350	31,450	34,000	36,500	39,000	41,550
30%	13,200	15,100	17,000	18,850	20,400	21,900	23,400	24,900

Application Review:
 Acceptance: Yes _____ No _____

Comments:

By: _____ Date: _____

Office of City of Springfield Usage:

Characteristics of House: FHH MHH SF

Numbers of Persons in Household: _____ **Race** _____

Total Gross Household Income Verified \$ _____

Median Income Limit % _____

Comments:

