

**Tam House**

**Application for Occupancy**

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Housing Status – Please Account for the Last Five Years (Reverse Side if Needed):**

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| E-Mail Address:  |
| Current Address:  |
| Mailing Address (If Different):  |
| Home Phone:  | Work or Cell Phone:  |
| How long at this address?  | Monthly Rent:  |
| Is this Housing Subsidized? YES NO  |
| Present Landlord Name:  | Phone:  |
| Landlord Mailing Address:  |
| Previous Address:  |
| Previous Landlord: Phone:  |
| How long at this address?  | Monthly Rent:  |
| Is this Housing Subsidized? YES NO  |
| Personal Reference #1 Name: Phone: |
| Personal Reference #2 Name: Phone: |

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| **Income - Employment Sources:** List All Full and Part-Time (Reverse Side if Needed) |
| Company Name:  |
| Company Address:  |
| Occupation:  | How Long?  | Income:  |
| Company Name:  |
| Company Address:  |
| Occupation:  | How Long?  | Income:  |
| **Income – Other Sources:** List ALL Income – SSI, Pension, Interest, Dividends, etc. |
| Type of Income:  | Monthly Amount:  |
| Type of Income:  | Monthly Amount:  |
| Type of Income:  | Monthly Amount:  |
| **Assets - Complete Each Category as Applicable**  |
| Checking Account - Name of Bank:  |
| Balance/Date:  | Date:  |
| Other Account – Name of Bank:  |
| Balance  | Date:  |
| 401K/IRA:  |
| Balance:  | Date:  |
| Stocks and Bonds Value:  | Date:  |
| Do you own Real Estate? YES NO Current Value:  |

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| **General Information**  |  |
| Have you ever been evicted?  | If yes, when?  |
| Please Explain:     |  |
| Have you filed for personal bankruptcy?  | If yes, when?  |
| Please Explain:     |  |
| Have you been convicted of a drug or violent crime?  | If yes, when?  |
| Please Explain:     |  |
| Have you ever lived in a communal living situation? |  |  |
| If yes, please give the pros and cons of your situation.    |  |

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| Identify any outstanding debts and payment terms:    |
| Are there any current debts on which you are more than 90 days delinquent?  |
| Please Explain:    |
| Date of Birth:  | Driver’s License #  |
| SSI:  |   |
| Do you currently hold a Section 8 voucher? YES NO  |
| If yes, from what county?  |
| Do you require accessible features for persons with disabilities? YES NO  |
| If yes, what features?    |
| I DECLARE THAT THE STATEMENTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. **WARNING:** MISLEADING, WILLFUL FALSE STATEMENTS, MISREPRESENTATIONS OR INCOMPLETE INFORMATION IN THIS APPLICATION WILL BE GROUNDS FOR REJECTION OF THIS APPLICATION. I AUTHORIZE RVEHA TO CONTACT PREVIOUS LANDLORD REFERENCES, OBTAIN A CREDIT REPORT AND COMPLETE A CRIMINAL BACKGROUND CHECK.  |
|   Signature  |   Date  |