

RENTAL APPLICATION EQUAL HOUSING OPPORTUNITY

Personal Information Application Date:		
Full Legal Name: Preferred Name (if any):		
Date of Birth: Phone Number:		
Email Address: Gender Identity		
Legal & Background Questions		
Have you ever been evicted?		
If yes, please explain:		
Have you ever been convicted of a felony? Yes No		
If yes, explain (confidential & case-by-case):		
Rental History		
Previous Residence Landlord/Agency Name:		
Phone: Monthly Rent: \$ Duration of Stay: to		
Reason for Leaving: to		
Emergency Contact		
Name: Phone: Phone:		
Alternate Phone:		
ncome & Financial Information		
Monthly Income: \$ Source(s): ☐ SSI/SSDI ☐ Employment ☐ Pension ☐ Family Support ☐ Other:		
Do you have a payee or financial manager? Yes No If yes, name: Phone:		
Support Needs		
Describe briefly:		
Agency/Support Person Name Phone: Do you require assistance with daily activities? \[Yes \] No If yes, explain:		
Lifestyle & Compatibility		
To help ensure a peaceful and cooperative home, please answer the following:		
Do you smoke or vape? Yes No Are you comfortable living with others who do? Yes No		
Do you drink alcohol? Yes No Do you prefer a quiet or social home environment? Quiet Social Output Do you prefer a quiet or social home environment? Quiet Social Do you prefer a quiet or social home environment?		
Do you have any regular visitors or overnight guests? Yes No If yes, explain:		
Current Living Situation		
Current Address: City: State: Flexible		
ZIP: How long have you lived here? Reason for Leaving:		
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Agreement and Acknowledgement

By signing below, I certify that the information provided is true and complete to the best of my knowledge. I understand this is a shared living arrangement and agree to respect house rules and community expectations. I authorize background and reference checks as needed.

Applicant	Sianature:	