



Application Fee \$50 / Cashapp \$ELSPro302

RESIDENTIAL HOUSING APPLICATION

Note to Applicant: In order for us to determine your eligibility or continued eligibility, you must provide all information included in this application. This information is considered confidential and will only be used as necessary in determining your eligibility for residential housing. Providing false information will result in your application being denied.

Address of Interest: _____ **Anticipated Move-In Date** _____

Applicant Name: _____

Contact Number: _____

Address : _____

Email: _____

City/State/Zip Code: _____

Marital Status: _____

Co-Applicant Name: _____

Contact Number: _____

Address : _____

Email: _____

City/State/Zip Code: _____

Marital Status: _____

HOUSEHOLD COMPOSITION

List yourself and anyone who will reside with you. Be sure to include members temporarily away from home, including (but not limited to): dependents away at school, and/or military persons stationed away from home that have a spouse or dependent in the home. **ALL ADULTS MUST PROVIDE - STATE IDENTIFICATION & SOCIAL SECURITY CARD.**

Please list household members starting with Head of Household on line 1, then in order of oldest to youngest.

	First Name, Last Name	Relationship	DOB	Age	SSN
1		HEAD			
2					
3					
4					

☐ Yes ☐ No Is any household member listed on the Sex Offender Registry? (Explain on page 5)

☐ Yes ☐ No Does any household member have pending/open criminal charges in the last 7 years? (Explain on page 5)

☐ Yes ☐ No Will anyone under age 18 listed above live in the unit less than 50% of the next 12 months?

☐ Yes ☐ No Does any member in your household have a disability and require a live-in care attendant?

☐ Yes ☐ No Does your household receive housing voucher or rental assistance?

Agency Name: _____ Voucher Size _____ Voucher Expiration Date _____

Worker Email _____ Worker Name _____ Max Amount \$ _____



INCOME INFORMATION

The questions regarding household income apply to all members of your household, including minors and those temporarily absent from the home. **MUST INCLUDE VERIFICATION OF ALL HOUSEHOLD INCOME FOR THE MOST RECENT THREE MONTHS.**

☐ Yes ☐ No **Is any member of the household employed?** *Two years of employment verification required*

Applicant Name: _____ Amount \$ _____/per _____

Employer Name: _____ Length of Employed _____

Employer Address: _____ Employer # _____

Applicant Name: _____ Amount \$ _____/per _____

Employer Name: _____ Length of Employed _____

Employer Address: _____ Employer # _____

☐ Yes ☐ No **Are any adult members of your household unemployed?**

Applicant Name: _____

☐ Yes ☐ No **Does any household member receive pay from the military?**

Applicant Name: _____ Amount \$ _____

Which branch: _____ Per _____

Contact Person: _____ Phone: _____

☐ Yes ☐ No **Does any household member receive any payments from the Social Security Administration?**

☐ SS ☐ SSI ☐ SSDI ☐ Other

Applicant Name: _____ Amount \$ _____

☐ Yes ☐ No **Does any household member receive Child Support?**

Applicant Name: _____ Child Name: _____ Amount \$ _____

Applicant Name: _____ Child Name: _____ Amount \$ _____

☐ Yes ☐ No **Is any household member unemployed and receiving payments from an Unemployment Agency?**

Applicant Name: _____ Amount \$ _____

State Agency: _____ Per _____

Contact Person: _____ Phone: _____



INCOME INFORMATION - CONTINUED

☐ Yes ☐ No **Does any household member receive Public Assistance payments such as TANF or AFDC?**
Applicant Name: _____ Amount \$ _____
Caseworker/Phone: _____ Per _____

☐ Yes ☐ No **Does any adult member of your household has zero income?**
Applicant Name: _____ How Long? _____

☐ **Check if there are any additional incomes.**

If so, list here _____

ACCOUNTS / ASSET INFORMATION

The questions regarding household accounts/asset apply to all members of your household, including minors and those temporarily absent from the home. **MUST INCLUDE VERIFICATION OF ALL HOUSEHOLD BANK STATEMENTS FOR THE MOST RECENT TWO MONTHS.**

☐ Yes ☐ No **Does any household member have a Checking, Savings, CD, or Money Market account?**
Applicant Name: _____ Bank Name: _____
Type of Account: ☐ Checking ☐ Savings ☐ CD ☐ Money Market ☐ Other _____
Account Number: _____

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Type of Account: ☐ Checking ☐ Savings ☐ CD ☐ Money Market ☐ Other _____
Account Number: _____

☐ **Check if there are additional accounts belonging to any household member.**

RENTAL HISTORY

The questions regarding household rental history apply to all members of your household, including minors and those temporarily absent from the home.

☐ Yes ☐ No **Have you or anyone else named on the application been evicted from a rental unit of any type including an apartment, home, mobile home, or trailer?**
Please explain: _____

☐ Yes ☐ No **Are there any special needs or accommodations the household will require such as, grab bars or a unit mobility impaired or hearing/vision impaired?**
Please explain: _____



RENTAL HISTORY - CONTINUED

LANDLORD REFERENCE *Reflect the last 7 years*

Head of Household Current Address: Landlord's Name/Address/Phone: Own/Rent: Dates:

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PETS

☐ Yes ☐ No Do you own a pet? If so, Breed _____ Weight _____
(Must provide health report)

☐ Yes ☐ No Do you have a service pet? If so, Breed _____ Weight _____
(Must provide health report)

HOUSEHOLD EXPENSES

HOUSEHOLD MONTHLY EXPENSES:

Auto Loan	Current Balance \$ _____	Monthly \$ _____
Auto Insurance	Current Balance \$ _____	Monthly \$ _____
Rent/Mortgage	Current Balance \$ _____	Monthly \$ _____
Utilities	Current Balance \$ _____	Monthly \$ _____
Credit Card	Current Balance \$ _____	Monthly \$ _____
Alimony	Current Balance \$ _____	Monthly \$ _____
Child Support	Current Balance \$ _____	Monthly \$ _____
Student Loans	Current Balance \$ _____	Monthly \$ _____
Other _____	Current Balance \$ _____	Monthly \$ _____
Other _____	Current Balance \$ _____	Monthly \$ _____



Provide additional information so we can make a better decision on your application.

HOUSEHOLD CERTIFICATION

I understand the information provided will be used to determine my eligibility for residential housing. Under penalties of perjury, I certify that the information provided is true and accurate to the best of my knowledge. I also understand that false or omitted information is considered fraud and punishable according to the law and may result in the loss of my housing.

By signing this application, I also grant the owner/management the right to obtain all information needed to determine my eligibility. Resident Selection Criteria may include but not limited to criminal history checks, credit screening, prior evictions filings, landlord references, ability to pay rent, etc.

I also understand that the information provided is considered confidential and will be used solely for the purpose of determining my eligibility or continued eligibility.

Head of Household

Date

Other Adult

Date

NOTE: It is a criminal offense to make willful false statements or misrepresentation to any Department or Agency of the United States as to any matter within its jurisdiction.

IN KEEPING WITH THE FAIR HOUSING ACT, WE DO NOT DISCRIMINATE BASED ON FAMILIAL STATUS, RACE, SEX, DISABILITY, COLOR, RELIGION OR NATIONAL ORIGIN.

ELS Properties may charge an application fee as a condition of accepting your application. All application fees are non-refundable.

Date Received:

Staff Initials:

Application Fee Received:

