

For Office Use Only
Date Received _____
Time Received _____



**FLUVANNA-LOUISA
HOUSING FOUNDATION**
BETTER HOUSING. STRONGER COMMUNITY.

Fluvanna-Louisa
Housing Foundation
144 Resource Lane
Suite A
Louisa, VA 23093
540-967-3483

RENTAL APPLICATION

For
Fluvanna-Louisa Housing Foundation

To be considered for this property, ALL questions must be answered to the best of your ability. Failure to answer all questions may result in this application not being considered for renting this property.

DATE _____ Property Applied for _____

Your name _____ Age _____

Social Security # _____ Phone # _____

Where you can be reached

1. What is the address where you live now?

Physical Address _____ City _____ Zip Code _____

Mailing Address _____ City _____ Zip Code _____

2. ARE YOU (check one) Renting __ Staying with friend(s) __ Staying with relative(s) __ Other __ (explain) _____

3A. What is the name of the landlord or person(s) where you live now?

Telephone # _____ How long have you lived there? _____

Why do you want to move? _____

May we contact the landlord where you live now? _____

3B. Have you ever been evicted from or asked to leave a property where you were living? _____ If yes, explain _____

Has any landlord ever taken you to court? _____ If yes, explain _____

List below where you have lived in the last three (3) years. Be complete.

1. Address _____ Landlord _____

Telephone # _____ Reason for moving _____

2. Address _____ Landlord _____

Telephone # _____ Reason for moving _____

3. Address _____ Landlord _____

Telephone # _____ Reason for moving _____

4. Address _____ Landlord _____

Telephone # _____ Reason for moving _____

3C. (To be answered by ANY ADULT OTHER THAN YOURSELF who will be living in the property and is not in your immediate family.)
Where do you live now?

Owner or Landlord's name where you live

Telephone #

Address of Property

Rent paid per month

Why do you want to move? _____

Use a plain sheet of paper to answer the questions in 3C (above) for each other adult that will be living in this rental unit.

4. Who else will be living with you?

NAME

AGE

5. Do you understand that ONLY those persons listed above may live FULL TIME in this property? _____

6. Do you understand that if you do not take care of this property and keep it in good condition; your lease may be canceled? _____

7. Do you understand that making, using, distributing, or selling any illegal substance or drug on this property will mean that your lease will be canceled? _____

8A. How many vehicles do you or anyone living with you plan to be parking at this property? Cars _____ Trucks _____ Other _____
Do you understand that only those vehicles that are CURRENTLY LICENSED may be parked on this property? _____ ALL others must be removed.

8B. Do you understand that no pets are allowed (inside or outside) at this property without special permission? _____

9A. Do you receive rental assistance? _____

9B. Do you need to give 30-days notice to your landlord before you move?

9C. If you are employed, answer the following questions:

Where do you work: _____
Supervisor's Name: _____
Work Telephone #: _____
What is your salary: \$ _____ per _____ avg. work hrs. _____
How often pay is received: _____

9D. If you are not employed, name other source(s) of household income:

| SOURCE(S) OF INCOME | AMT. PER MNT. | HOW OFTEN RECEIVED |
|---------------------|---------------|--------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

9E. This is to be filled out by ANY ADULT OTHER THAN YOURSELF who will be living in the property:

Name: _____
Where do you work: _____
Supervisor's Name: _____
Work telephone #: _____
What is your salary: \$_____ per _____ avg. work hrs. _____

Use a plain sheet of paper to furnish the answers for the questions in 9E (above) for each other adult that will be living in this rental unit.

10. Do you understand that a SECURITY DEPOSIT of \$_____ is required BEFORE you move into this property unless other arrangements are made? _____

11. Name two (2) CREDIT REFERENCES we may contact to find out if you pay your bills on time: (Do not list relatives)

| NAME OF STORE OR PERSON | ADDRESS OR PHONE # |
|--------------------------------|---------------------------|
| 1. _____ | _____ |
| 2. _____ | _____ |

12. Do you give permission for us to contact these credit references about your payment record with them? _____

13. Do you give permission for us to contact the credit bureau concerning your credit history? _____

14. Do you give us permission to contact the owner of the property where you live or have lived to inquire about your care of the property and your payment history? _____

15. Have you answered all questions on this application truthfully to your best knowledge? _____

16. (Check One) I have asked for an explanation of any questions I did not understand ____ I understand all of the items on this application ____

17. If you become our tenant, we will have to have the name, address and phone number of your nearest relative not living with you.

Name

Address

City, State, Zip Code

Phone Number

Applicants Signature

Date

Other Adult Signature

Date

Other Adult Signature

Date