

RNA RENTAL, LLC CONTROLLED DOCUMENT	Sect: Leasing / Occupancy III_6_a_ii	Rev. Date: 11/28/17
	<b>Title: Rental Application Verification Form</b>	Approved: RNA Sr. Page 1 of 1

Rent Supplement – Housing must cover at least 50% of total cost at start. If housing portion is less than 100% applicant must income qualify for difference not to exceed weekly income. **This form filled in by \_\_\_\_\_ Leasing Agent on \_\_\_\_\_ date.**

**Items 1 thru 7 must be completed prior to showing apts.**

- How Did You Find Out About Us \_\_\_\_\_  
 Today's Date \_\_\_\_\_ Time \_\_\_\_\_  
 Property Name \_\_\_\_\_  
 Date of Desired Occupancy \_\_\_\_\_  
 Number of Occupants \_\_\_\_\_  
 Required: Bedroom \_\_\_\_ Bath \_\_\_\_ W/D Hookup \_\_\_\_\_  
 Term of Lease \_\_\_\_\_ Target Rent \_\_\_\_\_  
 Other features desired \_\_\_\_\_
- Have you ever broken a lease or been evicted from any type of housing. If yes, explain \_\_\_\_\_  
 \_\_\_\_\_

<b>FOR OFFICE USE ONLY</b>	
Appl. Fee/Date: / _____	<b>Decision 24 hrs.</b>
Amt./Date Dep. Received _____	
Background _____	<b>ID</b>
Credit Report _____	<b>SS Card</b>
Proof of Income _____	
Employer Verification _____	
Landlord Reference _____	
Past Tenant _____	
Approved _____ Not Approved _____	

MAINTAIN  
3 Open Files  
  
 Apps.-No Fee  
 Apps.-Dep-No Fee  
 Apps. with Fee  
 24 hr. Completion

- Applicant** must show and copy driver's license and Social Security card or two other forms of valid I.D.  
 Full Name \_\_\_\_\_ Phone # \_\_\_\_\_  
 Driver's Lic. # \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_ DOB \_\_\_\_\_  
 Employer \_\_\_\_\_ DOH \_\_\_\_\_ Full Time? \_\_\_\_\_ Phone # \_\_\_\_\_  
 Gross Pay \_\_\_\_\_ Wk/Biwk/Mo Other Income \_\_\_\_\_  
 If SSB used to qualify for rent, applicant agrees to auto-withdrawal  
 Circle One

- Co-Tenant** Full Name \_\_\_\_\_ Phone # \_\_\_\_\_  
 Driver's Lic. # \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_ DOB \_\_\_\_\_  
 Employer \_\_\_\_\_ DOH \_\_\_\_\_ Full Time? \_\_\_\_\_ Phone # \_\_\_\_\_  
 Gross Salary \_\_\_\_\_ Wk/Biwk/Mo Other Income \_\_\_\_\_  
 Circle One

5. Any criminal convictions in past five years by either applicant?  Yes  No If yes, please explain \_\_\_\_\_  
 \_\_\_\_\_

6. Any Non-Human Occupants? Yes  No  If So, Indicate Kind, Weight, Breed, Age \_\_\_\_\_

7. Names of Other Occupants: (All people besides Applicant & Co-Tenant) Check qualification per Article 8 Lease

Name	Relationship	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Items 1 through 11 must be completed prior to processing application.**

- Applicant**  
 Present Landlord \_\_\_\_\_ Phone # \_\_\_\_\_  
 Current Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
 Years \_\_\_\_\_ Mo. Payment \$ \_\_\_\_\_

- Spouse/Co-Tenant**
- Present Landlord \_\_\_\_\_ Phone # \_\_\_\_\_  
 Current Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
 Years \_\_\_\_\_ Mo. Payment \$ \_\_\_\_\_

**Vehicle Registration (Including Company Car)**

- Make of Vehicle \_\_\_\_\_ Color \_\_\_\_\_ Year \_\_\_\_\_ License # \_\_\_\_\_  
 Make of Vehicle \_\_\_\_\_ Color \_\_\_\_\_ Year \_\_\_\_\_ License # \_\_\_\_\_

- In Case of Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_  
 Relative Not Living With You \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

11. Applicant(s) represents that all of the completed information is true and complete and authorizes the verification of same.  
**I/ (We) the Undersigned Applicant(s), have read and agree to all the provisions of this application.**

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_