

Mail this application to:

The name of the waitlist I’m applying for is: \_\_\_\_\_

Some waitlists are closed: *Before sending this application*, check <http://www.housingworks.net/> to see what is open

You must answer every question on this application: respond to questions that are not applicable by writing “N/A”.  
**Incomplete applications may be returned or discarded.**

Your Name: \_\_\_\_\_

Long-Term Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_  
(this address should ideally work for the next 3-5 years):

Phone(s): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

The **SSN** for the head of household is: \_\_\_\_\_

Does the HoH have a **Social Security Number** (SSN)? ☐ Yes ☐ No *If “Yes” you must provide it above.*

What is your **date of birth**? \_\_\_\_\_ What is your **gender**? \_\_\_\_\_

**Race** (white, black, asian, etc)? \_\_\_\_\_

What was your **mother’s last name** when she was born? *Protects your privacy*) \_\_\_\_\_

**How many people** will be living in the unit? \_\_\_\_\_ people. What **unit size** are you seeking? \_\_\_\_\_ BR

Describe your **Income Sources** (Job, Food Stamps, SSI, TAFDC, etc.) \_\_\_\_\_

What is your family’s **ANNUAL** income? \$ \_\_\_\_\_ (do NOT write an hourly, weekly, or monthly amount!)

☐ YES ☐ NO Do you **have a rental voucher** or **some other form of regular rental assistance**?

**Specify:** ☐ Section 8 ☐ MRVP ☐ AHVP ☐ Homebase ☐ \_\_\_\_\_

☐ YES ☐ NO Do you need a **wheelchair accessible unit** (or a “no-steps” unit)?

☐ YES ☐ NO Do you need **reasonable accommodations due to a disability**, either during the application period or tenancy? \_\_\_\_\_

☐ YES ☐ NO Are you or any member of your household subject to a lifetime registration requirement under a **State Sex Offender Registration** program?

☐ YES ☐ NO **Priority/Preference Status:** If there is a section in this application that asks about priorities and preferences, did you claim any?

Office Only: Date/Time Stamp

DATE RECEIVED \_\_\_\_\_  
TIME RECEIVED \_\_\_\_\_

RENTAL APPLICATION (HUD/RD)

PLEASE PRINT ALL INFORMATION

A. APPLICANT

NAME: \_\_\_\_\_ MAIDEN NAME: \_\_\_\_\_

A.K.A. (ALSO KNOWN AS): \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_ APT # \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

CURRENT LANDLORD: \_\_\_\_\_ PHONE # \_\_\_\_\_

HOW LONG HAVE YOU LIVED AT THIS ADDRESS? \_\_\_\_\_ CURRENT RENT: \$ \_\_\_\_\_

HOME PHONE # \_\_\_\_\_ WORK PHONE NUMBER \_\_\_\_\_

DO YOU PAY THE UTILITIES? \_\_\_\_\_ HOW MUCH PER MONTH (average) \_\_\_\_\_

FOR DESIGNATED "ELDERLY" HOUSING: IF YOU ARE LESS THAN 62 YEARS OLD, ARE YOU ELIGIBLE FOR  
OCCUPANCY BASED ON YOUR STATUS AS AN INDIVIDUAL WITH HANDICAPS OR DISABILITIES?  
YES \_\_\_\_\_ NO \_\_\_\_\_

HOW MANY BEDROOMS ARE YOU LOOKING FOR? \_\_\_\_ 1 \_\_\_\_ 2 \_\_\_\_ 3 \_\_\_\_ 4

B. HOUSE HOLD COMPOSITION

(LIST HEAD OF HOUSEHOLD AND ALL OTHER HOUSEHOLD MEMBERS WHICH WILL OCCUPY THE APARTMENT YOU ARE APPLYING FOR)

MEMBERS FULL NAME	RELATIONSHIP	BIRTH DATE	AGE	SEX	SOCIAL SEC NO.
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____	_____
7. _____	_____	_____	_____	_____	_____
8. _____	_____	_____	_____	_____	_____
9. _____	_____	_____	_____	_____	_____

IS THERE ANY MEMBER 18 OR OLDER THAT IS A FULL TIME STUDENT? \_\_\_\_\_ YES \_\_\_\_\_ NO

IF YES, WHO? \_\_\_\_\_

SCHOOL ATTENDING \_\_\_\_\_

DO YOU PLAN TO HAVE ANYONE LIVING WITH YOU IN THE FUTURE WHO IS NOT LISTED ABOVE? \_\_\_\_ YES \_\_\_\_ NO  
IF YES, EXPLAIN \_\_\_\_\_

DO YOU OR ANY HOUSEHOLD MEMBER REQUIRE SPECIAL HOUSING NEEDS? \_\_\_\_\_ YES \_\_\_\_\_ NO  
IF YES, EXPLAIN \_\_\_\_\_  
(DOES APPLICANT REQUIRE EITHER A HANDICAP/DISABILITY ADJUSTMENT TO INCOME OR A SPECIAL  
HANDICAPPED ACCESSIBLE UNIT OR BOTH?)

C. WHY DO YOU WISH TO MOVE? \_\_\_\_\_  
ARE YOU BEING EVICTED? \_\_\_\_\_ IF YES, WHY? \_\_\_\_\_  
\_\_\_\_\_  
WHEN MUST YOU BE OUT OF YOUR HOME? \_\_\_\_\_

HAVE YOU EVER BEEN EVICTED IN THE PAST? \_\_\_\_\_ IF SO, FROM WHERE AND WHEN: \_\_\_\_\_  
\_\_\_\_\_

HAVE YOU LIVED IN SUBSIDIZED HOUSING BEFORE? \_\_\_\_\_ IF SO, LIST PROPERTY NAME AND  
ADDRESS \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A CRIME? \_\_\_\_\_ YES \_\_\_\_\_ NO. IF YES, GIVE DATE \_\_\_\_\_  
DETAILS: \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED FOR THE ILLEGAL MANUFACTURE, DISTRIBUTION OR POSSESSION OF A  
CONTROLLED SUBSTANCE? \_\_\_\_\_ YES \_\_\_\_\_ NO



HAS ASSISTANCE EVER BEEN TERMINATED FOR FRAUD, NONPAYMENT OF RENT, OR FAILURE TO COOPERATE WITH RECERTIFICATION PROGRAM? \_\_\_\_\_

PREVIOUS LANDLORD: NAME \_\_\_\_\_ TELEPHONE NO \_\_\_\_\_

ADDRESS \_\_\_\_\_

FROM: \_\_\_\_\_ TO \_\_\_\_\_ AMOUNT OF RENTAL PAYMENTS \_\_\_\_\_

DO YOU OWN A CAR? \_\_\_\_\_ MAKE \_\_\_\_\_ MODEL \_\_\_\_\_ YEAR \_\_\_\_\_

DRIVERS LICENSE # \_\_\_\_\_ STATE \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

D. SOURCE (S) OF INCOME

LIST ALL INCOME SOURCES FOR ALL HOUSEHOLD MEMBERS WHO WILL OCCUPY THE APARTMENT. THIS INCLUDES, BUT IS NOT LIMITED TO, FULL AND/OR PART-TIME EMPLOYMENT, ALL INCOME FROM WELFARE AGENCIES, SOCIAL SECURITY, PENSION, SSI, DISABILITY, ARMED FORCES RESERVES, UNEMPLOYMENT COMPENSATION, CHILD CARE, ALIMONY, CHILD SUPPORT, SCHOLARSHIPS AND GRANTS, CONTRACT FOR DEED, INTEREST ON ASSETS, DIVIDENDS, ANNUITIES, AND REGULAR CONTRIBUTIONS FROM PEOPLE NOT RESIDING WITH YOU.

PLEASE CHECK THE APPLICABLE INCOME SOURCE(S) AND INDICATE NAME, ADDRESS, TELEPHONE NUMBER:

FAMILY MEMBER NAME	SOURCE OF INCOME
_____	A. SOCIAL SECURITY - MONTHLY AMOUNT \$ _____
_____	B. PENSION SOURCE OF PENSION(S) _____ _____
_____	C. VETERANS BENEFITS CLAIM# _____ - MONTHLY AMOUNT \$ _____
_____	D. SSI BENEFITS - MONTHLY AMOUNT \$ _____
_____	E. UNEMPLOYMENT COMP - MONTHLY AMOUNT \$ _____
_____	F. TANF - MONTHLY AMOUNT \$ _____
_____	G. WAGES/SALARIES- GROSS - MONTHLY AMOUNT \$ _____ EMPLOYER NAME/ADDRESS _____ _____
_____	H. ALIMONY - MONTHLY AMOUNT \$ _____
_____	I. CHILD SUPPORT - MONTHLY AMOUNT \$ _____
_____	J. INTEREST INCOME - MONTHLY AMOUNT \$ _____ INTEREST INCOME - MONTHLY AMOUNT \$ _____ (INCLUDE INTEREST IN IRAs ACCRUED, BUT NOT TAKEN-ALSO ON SAVINGS BONDS)
_____	K. OTHER INCOME - MONTHLY AMOUNT \$ _____ SOURCE _____

PLEASE ANSWER EACH OF THE FOLLOWING QUESTIONS. FOR EACH (YES) ANSWER, PROVIDE ACCURATE INFORMATION IN THE CHARTS PROVIDED.

	YES	NO
DOES ANY MEMBER OF YOUR FAMILY WORK FOR SOMEONE WHO PAYS THEM IN CASH?	_____	_____
IS ANY MEMBER OF YOUR ON A LEAVE OF ABSENCE FROM WORK DUE TO LAY-OFF, MEDICAL MATERNITY, OR MILITARY LEAVE?	_____	_____
IS ANY MEMBER OF YOUR FAMILY RESIDING OR NOT RESIDING IN YOUR HOUSEHOLD, NOW RECEIVING MILITARY PAY AND/OR ALLOWANCES?	_____	_____
DOES ANY MEMBER OF YOUR HOUSEHOLD RECEIVE OR EXPECT TO RECEIVE CHILD SUPPORT?	_____	_____

IS ANY MEMBER OF YOUR HOUSEHOLD ENTITLED TO CHILD SUPPORT THAT HE/SHE IS NOT RECEIVING? \_\_\_\_\_

DOES ANY MEMBER OF YOUR HOUSEHOLD RECEIVE OR EXPECT TO RECEIVE ALIMONY? \_\_\_\_\_

IS ANY MEMBER OF YOUR HOUSEHOLD ENTITLED TO ALIMONY PAYMENTS THAT HE/SHE IS NOT NOW RECEIVING? \_\_\_\_\_

DOES ANY MEMBER OF YOUR FAMILY/HOUSEHOLD RECEIVE OR EXPECT TO RECEIVE INCOME FROM A PENSION OR ANNUITY? \_\_\_\_\_

DOES ANY MEMBER OF YOUR FAMILY/HOUSEHOLD RECEIVE REGULAR CASH CONTRIBUTIONS FROM INDIVIDUALS NOT LIVING IN THE UNIT, OR FROM AGENCIES? \_\_\_\_\_

E. **NET FAMILY ASSETS**

\_\_\_\_\_  
CHECKING ACCOUNT: NAME OF BANK \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
ACCOUNT NUMBER \_\_\_\_\_ IS ACCOUNT INTEREST BEARING? \_\_\_\_\_  
CURRENT BALANCE \_\_\_\_\_

\_\_\_\_\_  
SAVINGS ACCOUNT: NAME OF BANK \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
ACCOUNT NUMBER \_\_\_\_\_ IS ACCOUNT INTEREST BEARING? \_\_\_\_\_  
CURRENT BALANCE \_\_\_\_\_

WILL PART OF THIS CURRENT BALANCE BE USED FOR YOUR SECURITY DEPOSIT \_\_\_\_\_ YES \_\_\_\_\_ NO  
IF YES, PLEASE INDICATE AMOUNT \$ \_\_\_\_\_

\_\_\_\_\_  
STOCKS: NAME \_\_\_\_\_ TYPE \_\_\_\_\_  
CURRENT MARKET VALUE \$ \_\_\_\_\_ YEARLY INCOME GENERATED \$ \_\_\_\_\_

\_\_\_\_\_  
CERTIFICATES # \_\_\_\_\_ BANK \_\_\_\_\_ BALANCE \_\_\_\_\_  
# \_\_\_\_\_ BANK \_\_\_\_\_ BALANCE \_\_\_\_\_

\_\_\_\_\_  
BONDS: NAME \_\_\_\_\_ TYPE \_\_\_\_\_  
CURRENT MARKET VALUE \$ \_\_\_\_\_ YEARLY INCOME GENERATED \$ \_\_\_\_\_

\_\_\_\_\_  
LIFE INSURANCE POLICY # \_\_\_\_\_ FACE VALUE \$ \_\_\_\_\_

\_\_\_\_\_  
REAL ESTATE: TYPE \_\_\_\_\_ CURRENT MARKET VALUE \$ \_\_\_\_\_  
AMOUNT OF EXISTING MORTGAGE \$ \_\_\_\_\_  
YEARLY INCOME GENERATED \$ \_\_\_\_\_  
DO YOU OWN A HOME OR OTHER REAL PROPERTY? \_\_\_\_\_ YES \_\_\_\_\_ NO  
HAVE YOU SOLD OR GIVEN AWAY REAL PROPERTY OF OTHER ASSETS WITHIN THE LAST TWO YEARS?  
\_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES, EXPLAIN \_\_\_\_\_  
WHAT WAS THE MARKET VALUE? \$ \_\_\_\_\_ AMOUNT ASSET WAS SOLD FOR \$ \_\_\_\_\_

**LIST OTHER ASSETS**

TYPE: \_\_\_\_\_ CURRENT MARKET VALUE \$ \_\_\_\_\_  
YEARLY INCOME GENERATED \$ \_\_\_\_\_  
TYPE: \_\_\_\_\_ CURRENT MARKET VALUE \$ \_\_\_\_\_  
YEARLY INCOME GENERATED \$ \_\_\_\_\_

F. **CHILD CARE EXPENSES** (TO BE COMPLETED FOR CHILDREN 12 YEARS OF AGE OR YOUNGER)  
DO YOU PAY FOR CHILD CARE DUE TO EMPLOYMENT? \_\_\_\_\_ AMOUNT OF WEEKLY EXPENSE \$ \_\_\_\_\_

DO YOU PAY FOR CHILD CARE DUE TO ATTENDING SCHOOL? \_\_\_\_\_ AMOUNT OF WEEKLY EXPENSE \$ \_\_\_\_\_

LIST THE NAME(S) & AGE(S) OF CHILD(REN) FOR WHICH YOU PAY CHILD CARE EXPENSES:

NAME _____	AGE _____
NAME _____	AGE _____
NAME _____	AGE _____

INSTITUTION OR INDIVIDUAL PROVIDING CHILD CARE  
NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

IS CHILD CARE COST COVERED BY AFDC OR ANY OTHER SOURCE: \_\_\_\_\_

G. **HANDICAPPED ASSISTANCE** (TO BE COMPLETED ONLY IF THE HANDICAPPED EXPENSE ALLOWS THE HANDICAPPED INDIVIDUAL OR ANOTHER HOUSEHOLD MEMBER TO WORK.)

AMOUNT OF WEEKLY EXPENSE \$ \_\_\_\_\_

INDICATE THE NAME AND AGE OF THE INDIVIDUAL FOR WHICH YOU PAY HANDICAPPED ASSISTANCE EXPENSES:

NAME _____	AGE _____
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LIST THE NAME AND ADDRESS OF THE INDIVIDUAL PROVIDING THE HANDICAPPED ASSISTANCE:

NAME _____
ADDRESS _____

H. **MEDICAL EXPENSES** (TO BE COMPLETED ONLY IF HEAD OF HOUSEHOLD OR CO-APPLICANT IS 62 OR OLDER, DISABLED, OR HANDICAPPED.)

DO YOU HAVE MEDICARE? \_\_\_\_\_ DO YOU HAVE OTHER MEDICAL INSURANCE? \_\_\_\_\_  
IF YES, INDICATE NAME \_\_\_\_\_ POLICY NUMBER \_\_\_\_\_

DOES MEDICAL ASSISTANCE PAY YOUR DOCTOR AND DRUG BILLS? \_\_\_\_\_  
ARE YOU RECEIVING MEDICAL ASSISTANCE THROUGH WELFARE? \_\_\_\_\_

IF YOU PAY ANY PORTION OF THE MEDICAL/DRUG COSTS, YOU SHOULD SUPPLY US WITH THE BILLS AND THE RECORDS OF WHAT EXPENSES YOU HAVE INCURRED.

IF YOUR MEDICAL CONDITION IS PERMANENT AND YOU WILL ROUTINELY HAVE MEDICAL EXPENSES THAT ARE NOT COVERED BY MEDICARE, OR MEDICAL INSURANCE, PLEASE INDICATE THE TYPE OF MEDICAL EXPENSE, THE FREQUENCY OF THE EXPENSE, AND THE AMOUNT OF THE EXPENSE:

TYPE _____	FREQUENCY _____	AMOUNT _____
TYPE _____	FREQUENCY _____	AMOUNT _____

DO YOU UNDERSTAND THAT ALL INCOME, ASSETS AND EXPENSES MUST BE VERIFIED? \_\_\_\_\_ YES \_\_\_\_\_ NO

DO YOU UNDERSTAND THAT YOU ARE RESPONSIBLE TO REPORT ALL INCOME OF HOUSEHOLD? \_\_\_\_\_ YES \_\_\_\_\_ NO

DO YOU UNDERSTAND THAT YOU ARE TO REPORT ANY CHANGES IN INCOME OR EXPENSES TO THE RENTAL OFFICE AS SOON AS THEY OCCUR? \_\_\_\_\_ YES \_\_\_\_\_ NO

I. **PERSON TO CONTACT IN CASE OF EMERGENCY**

NAME: \_\_\_\_\_ PHONE: (\_\_\_\_\_) \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

I/WE AUTHORIZE THE MANAGEMENT AGENT TO INVESTIGATE MY/OUR CREDIT AND VERIFY ALL INFORMATION AND REFERENCES GIVEN. THE INVESTIGATION MAY INCLUDE A CHECK OF MY/OUR PERSONAL, RENTAL, FINANCIAL AND CREDIT HISTORY, CRIMINAL BACKGROUND THROUGH ANY INVESTIGATIVE LAW ENFORCEMENT, CREDIT REPORTING AGENCY, BUREAU OR ORGANIZATION. THE INFORMATION OBTAINED WILL BE USED FOR MANAGEMENT PURPOSES ONLY AND WILL BE HELD IN CONFIDENCE.

I/WE CERTIFY THAT ALL APPLICATION INFORMATION IS TRUE AND COMPLETE TO THE BEST OF MY/OUR KNOWLEDGE. I/WE ALSO CERTIFY THAT THE HOUSING I/WE WILL OCCUPY WILL BE MY/OUR PERMANENT RESIDENCE. I/WE FURTHER CERTIFY THAT I/WE WILL NOT MAINTAIN A SEPARATE SUBSIDIZED RENTAL UNIT IN A DIFFERENT LOCATION.

PENALTIES FOR SUBMITTING FALSE INFORMATION: If the Resident deliberately submits false information regarding income, family composition or other date on which the Resident's eligibility or is determined, management may, with HUD/RD approval, require Resident to pay the higher HUD/RD approved market rent for as long as Resident remains in the Property. In addition, Resident could become subject to penalties available under Federal Law. Those penalties include fines up to \$ 10,000 and imprisonment for up to five years.

THIS APPLICATION IS SUBJECT TO APPROVAL AND DOES NOT CONSTITUTE AN AGREEMENT TO LEASE. ALL INFORMATION MUST BE VERIFIED BEFORE THIS APPLICATION CAN BE PROCESSED.

NAME: \_\_\_\_\_ SS# \_\_\_\_\_ DOB: \_\_\_\_\_

CO-TENANT: \_\_\_\_\_ SS# \_\_\_\_\_ DOB: \_\_\_\_\_

PRESENT ADDRESS: \_\_\_\_\_

CITY, STATE: \_\_\_\_\_ ZIP CODE \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

DISCLOSURE STATEMENT:  
"The information regarding race, national origin and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Development, Rural Housing Service that Federal Laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, familial status, age, and handicap are complied with. This information will not be used in evaluating your application or to discriminate against you in any way."

ETHNICITY: \_\_\_\_\_ Hispanic or Latino \_\_\_\_\_ Not Hispanic or Latino Sex: \_\_\_\_\_ Male \_\_\_\_\_ Female  
RACE: \_\_\_\_\_ American Indian or \_\_\_\_\_ Asian \_\_\_\_\_ Black or \_\_\_\_\_ Native Hawaiian or \_\_\_\_\_ White  
Alaskan Native \_\_\_\_\_ African American \_\_\_\_\_ Other Pacific Islander

INFORMATION SUPPLIED BY: \_\_\_\_\_  
(initials)

# Housing History, Page 1

**Note: you can often locate landlord information by using the Tax Assessor’s website in each town (or by calling the Tax Assessor’s phone number in most towns:** To determine if there is an online Tax Assessor page for a town search the web like this: “Tax Assessor, Boston MA” or “Property Assessment, Dallas TX”.

## CURRENT RESIDENCE

## DATES YOU LIVED THERE:

Name on the lease \_\_\_\_\_ to: \_\_\_\_\_ or present

Address you lived at: \_\_\_\_\_  
Street and Apt# City State Zip

Landlord’s Name and Address \_\_\_\_\_

Landlord Tel: \_\_\_\_\_

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

## PRIOR RESIDENCE

## DATES YOU LIVED THERE:

Name on the lease \_\_\_\_\_ to \_\_\_\_\_

Address you lived at: \_\_\_\_\_  
Street and Apt# City State Zip

Landlord’s Name and Address \_\_\_\_\_

Landlord Tel: \_\_\_\_\_

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

## RESIDENCE BEFORE THAT

## DATES YOU LIVED THERE:

Name on the lease \_\_\_\_\_ to \_\_\_\_\_

Address you lived at: \_\_\_\_\_  
Street and Apt# City State Zip

Landlord’s Name and Address \_\_\_\_\_

Landlord Tel: \_\_\_\_\_

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

## RESIDENCE BEFORE THAT

## DATES YOU LIVED THERE:

Name on the lease \_\_\_\_\_ to \_\_\_\_\_

Address you lived at: \_\_\_\_\_  
Street and Apt# City State Zip

Landlord’s Name and Address \_\_\_\_\_

Landlord Tel: \_\_\_\_\_

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

Housing History, Page 2

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease \_\_\_\_\_ to \_\_\_\_\_

Address you lived at: \_\_\_\_\_  
Street and Apt# City State Zip

Landlord's Name and Address \_\_\_\_\_

Landlord Tel: \_\_\_\_\_

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease \_\_\_\_\_ to \_\_\_\_\_

Address you lived at: \_\_\_\_\_  
Street and Apt# City State Zip

Landlord's Name and Address \_\_\_\_\_

Landlord Tel: \_\_\_\_\_

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease \_\_\_\_\_ to \_\_\_\_\_

Address you lived at: \_\_\_\_\_  
Street and Apt# City State Zip

Landlord's Name and Address \_\_\_\_\_

Landlord Tel: \_\_\_\_\_

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease \_\_\_\_\_ to \_\_\_\_\_

Address you lived at: \_\_\_\_\_  
Street and Apt# City State Zip

Landlord's Name and Address \_\_\_\_\_

Landlord Tel: \_\_\_\_\_

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A