

## RENTAL APPLICATION

NAME	DATE OF BIRTH
SOCIAL SECURITY NUMBER	
	DRIVER'S LICENSE NUMBER
EMAIL ADDRESS	
EMPLOYER'S NAME & CONTACT NUMBER _	
LENGTH OF EMPLOYMENT	IF LESS THAN 3 YEARS, PLEASE EXPLAIN BELOW
NET MONTHLY INCOME	ADDITIONAL INCOME
CO-APPLICANT'S NAME	DATE OF BIRTH
SOCIAL SECURITY NUMBER	
CELL PHONE	DRIVER'S LICENSE NUMBER
EMAIL ADDRESS	
EMPLOYER'S NAME & CONTACT NUMBER _	
LENGTH OF EMPLOYMENT	IF LESS THAN 3 YEARS, PLEASE EXPLAIN BELOW
NET MONTHLY INCOME	ADDITIONAL INCOME
DO YOU RECEIVE RENTAL ASSISTANCE? HOW MUCH DO YOU RECEIVE?	IF SO, WHO PROVIDES THIS ASSISTANCE 8
NAMES & AGES OF ALL PERSONS OCCUPYIN	IG PROPERTY:

	_ IF YES, PLEASE LIST THE TYPE/BREED, WEIGHT & AGE OF
EACH PET:	
MAKE AND MODEL OF VEHICLE:	
LICENSE PLATE:	
ADDITIONAL VEHICLES TO BE KEPT AT RESI	DENCE (MAKE & MODEL, LICENSE PLATE):
RENTAL HISTORY:	
CURRENT ADDRESS:	
	S NAME & PHONE:
PREVIOUS ADDRESS:	
RENT OR OWN? LANDLORD'S	NAME & PHONE:
NON-RELATIVE REFERENCE: NAME/PHONE	i:
NON-RELATIVE REFERENCE: NAME/PHONE	::
RELATED ACTIVITY, OR ANY FORM OF ILLEG	EHOLD, EVER BEEN CONVICTED OF A VIOLENT CRIME, DRUG GAL ACTIVITY, POSSESSION OF A WEAPON OR ACT OF S NOT BEEN SEALED OR EXPUNGED?
IF YES, PLEASE EXPLAIN:	

NEW HORIZONS PROPERTY MANAGEMENT WILL NOT DENY TENANCY TO ANY APPLICANT BECAUSE OF A CRIMINAL CONVICTION. HOWEVER, THE COMPANY MAY CONSIDER THE NATURE, DATE & CIRCUMSTANCES OF SAID CONVICTION IN RELATION TO THE TENANT'S RESIDENCE, NEIGHBORHOOD AND SURROUNDING PUBLIC AREAS.

BY SIGNING BELOW, I AM GIVING PERMISSION TO MY CURRENT AND PREVIOUS LANDLORD, AS WELL AS MY EMPLOYER, TO COMMUNICATE WITH THE MANAGEMENT OF NEW HORIZONS PROPERTY MANAGEMENT. THIS COMMUNICATION MAY INVOLVE, BUT IS NOT LIMITED TO, RENTAL HISTORY (PAYMENT HISTORY, OCCUPANCY DATES, CONDITION OF PREMISES) AND EMPLOYMENT STATUS (JOB STATUS, EMPLOYMENT DATES, INCOME) & ANY OTHER PERTINENT INFORMATION NEEDED TO QUALIFY MY RENTAL APPLICATION.

## **AUTHORIZATION FOR RELEASE OF INFORMATION CONSENT:**

I authorize and direct any Federal, State, or local agency, organization, business or individual to release to and verify my application for participation, and/or maintain continued assistance under the Section 8, Rental Rehabilitation, Low-Income Public and Indian Housing, Section 515/8 and/or other housing assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by the USDA, RHS, Rural Development administering and enforcing programs rules and policies. I also consent for USDA, RHS, Rural Development, or the manager to release information from my file about my rental history to USDA, RHS, Rural Development, credit bureaus, collection agencies or future property owners. This includes records on my payment history, and any other violations of my lease or occupancy policies.

## INFORMATION COVERED:

I understand that, depending on program policies and requirements, previous or current information regarding my household or me may be needed. Verification and inquiries that may be requested include but are not limited to:

Identity and Marital Status Employment, Income, and assets

Medical or Child care allowances Credit and criminal Activity

PLEASE NOTE: APPLICATIONS WILL NOT BE PROCESSED WITHOUT PAYMENT.

**Residences and Rental Activity** 

APPLICANT'S SIGNATURE:
DATE:
CO-APPLICANT'S SIGNATURE:
DATE:
NON-REFUNDABLE APPLICATION FEE OF \$20.00

Please return this application to New Horizons Property Management

302 N. State Street

Alma, MI 48801

989-760-1116

989-463-5308 fax

NHPM@centralmichiganhomes.com