

PRELIMINARY RENTAL APPLICATION

KEY MOVE IN INFORMATION

This application is not for immediate housing placement

Head of Household: _____ Date: _____

Address: _____

Phone 1: _____ Phone 2: _____ Email: _____

Household size (only include people moving with you): _____ Household size 12 months from now: _____

Explain above change in household size: _____

How did you hear about VBCDC? _____

Explain current housing situation: _____

Reason for moving: _____ Bedrooms needed: _____

Desired move date: _____ Are you flexible about this move date? ☐ No ☐ Yes

Price range: ☐ \$600 - \$750 ☐ \$750 - \$850 ☐ \$850 - \$950 ☐ \$950 - \$1,050 ☐ \$1,050 - \$1,300

HOUSEHOLD INCOME FOR THE UPCOMING 12 MONTHS

Directions:

1. Use gross figures (income before any taxes or deductions taken out).
2. Include income from *all* household members.
3. All of the following count as income: Employment Income, Child Support Income (both court-ordered and not court-ordered), TANF, Social Security, SSI, SSDI, Unemployment and Worker's Compensation Benefits, VA benefits, Alimony and Spousal Support, Income from Pension or Annuity, Income from rental property, and cash contributions from persons not living in the unit.
4. Do *not* include income from old jobs or benefits no longer received.

Gross Monthly Income for Household: \$ _____ Gross Yearly Income for Household: \$ _____

RENTAL ASSISTANCE (complete only if applicable)

Assistance Type: ☐ Section 8 HCV ☐ HUD-VASH ☐ TBRA ☐ SSVF ☐ Other

If applicable, provide your voucher limits, the name of your housing specialist, and the date you must select a property by: _____

If assistance is short-term, provide name of organization assisting you, the monthly amount of assistance, and the duration of assistance: _____

RESIDENT'S STATEMENT:

I understand that the above information is being collected to determine my eligibility for residence. I certify that I have revealed all income received. I further certify that the statements made in this application are true and complete to the best of my knowledge and belief and am aware that false statements may be cause for termination of my lease and may be punishable under Federal law. I also agree to furnish income and asset information if requested, in a timely manner. I understand that this application will expire after 12 months, at which time I will need to re-apply.

Signature of Head of Household: _____ Date: _____

Signature of Co-Head of Household: _____ Date: _____

FOR OFFICE USE ONLY:

Application Received Date: _____ Leasing Agent: _____ Occupancy Interview Date: _____

Follow ups:

- | | | | |
|----------------|-------------------|----------------------|---------------|
| 1. Date: _____ | Contact by: _____ | Leasing Agent: _____ | Result: _____ |
| 2. Date: _____ | Contact by: _____ | Leasing Agent: _____ | Result: _____ |
| 3. Date: _____ | Contact by: _____ | Leasing Agent: _____ | Result: _____ |



VBCDC is an Equal Housing Opportunity Provider

This application is not for immediate housing placement