

## PRELIMINARY RENTAL APPLICATION

### KEY MOVE IN INFORMATION

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: _____

