

Courts Of Colfax

600 N. Colfax Street, Warsaw, IN.46580

Phone: (574) 269-4334 Fax: (574) 269-7764

RENTAL HOUSING APPLICATION

NAME OF APPLICANT: _____

NAME OF CO-APPLICANT: (if applicable – additional application must be completed) _____

____ NEW APPLICATION ____ HOUSEHOLD ADDITION ____ TRANSFER

(Please Print)

Date: _____ Time: _____

A) Name: _____ Phone: () _____

B) Address: _____
(Street) (City) (State) (ZIP)

C) Marital Status: Divorced / Widowed / Married / Single (Never Married) / Separated

D) Driver's License # and State: _____

HOUSEHOLD COMPOSITION List all persons that will be occupying the unit.

Full Name	Relationship to Head of Household	Birth Date	Social Security Number	Employed	Student
	Head of Household		- -	Y / N	Y / N
			- -	Y / N	Y / N
			- -	Y / N	Y / N
			- -	Y / N	Y / N
			- -	Y / N	Y / N
			- -	Y / N	Y / N
			- -	Y / N	Y / N
			- -	Y / N	Y / N

RENTAL HISTORY -- Last Two Years

Use Additional sheet if necessary

D) Present Landlord Name: _____ Phone: () _____

Landlord Address: _____ City: _____ St: _____ ZIP: _____

Dates of Occupancy: _____ to _____ Related? Y/N How? _____

E) Previous Address: _____

Previous Landlord Name: _____ Phone: () _____

Landlord Address: _____ City: _____ St: _____ ZIP: _____

Dates of Occupancy: _____ to _____ Related? Y/N How? _____

F) Previous Address: _____

Previous Landlord Name: _____ Phone: () _____

Landlord Address: _____ City: _____ St: _____ ZIP: _____

Dates of Occupancy: _____ to _____ Related? Y/N How? _____

GENERAL QUESTIONS

- 1) yes no Have you or any household member ever been convicted of a felony?
- 2) yes no Have you ever been evicted? Reason: _____
- 3) yes no Have you or any household member been arrested/convicted of a drug related crime?
- 4) yes no Does anyone not listed in the household composition on page one plan to live with you in the next 12 months?
If yes, explain _____
- 5) yes no Will the Household be receiving Section 8 housing assistance?
(If yes list agency name, contact person and phone number.)

- 6) yes no Are there any absent household members who under normal conditions would live with you?
- 7) yes no Does an adult of this household have primary physical custody of every child listed on this application?
- 8) yes no Does your household have or anticipate having any pets other than those used as a service animal?
- 9) yes no Does anyone in your household have special needs?
If yes explain? _____

CREDIT REFERENCES

Loans: _____

Credit Cards: _____

Other: _____

CHARACTER REFERENCES

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

EMERGENCY CONTACT NUMBER

In case of emergency, notify: _____

Home Phone: () _____ Work Phone: () _____

Applicant certifies the above information is true and accurate and understands that false or inaccurate information shall be cause for denial of this application or termination of any subsequent rental agreements. I/We are the only person(s) who will reside in the apartment if this application is approved. Apartment owner or agents may verify all information given directly or through reporting agencies. Acceptance of the application is not binding on apartment owner or agent until approved in writing.

You have applied to live in an apartment that is governed by the Low Income Housing Tax Credit Program. This Program requires us to certify all of your income asset and eligibility information as part of determining your household's eligibility. Program requirements state we must verify each income and asset source as well as other claims of eligibility. We must determine this prior to granting your eligibility and, if such eligibility is granted, each subsequent year you remain in the unit. The undersigned is the person(s) named above and hereby authorizes Apartment Credit Services to conduct a search of my Criminal Record, Police Record and Motor Vehicle Record information for the purpose of obtaining housing. Additionally, I authorize all companies and law enforcement agencies to release such information, and release them from any liability and responsibility from doing so. A faxed copy of this authorization shall be as valid as the original.

If applicant cancels after two (2) days, all moneys deposited shall be forfeited to the apartment owner. If approved all moneys deposited with this application will be applied toward security deposit and/or processing fee at owner's discretion. If an application is denied for ANY reason a 90-day wait period is required before reapplying to this property.

Head Signature: _____ Date: _____

Co-head Signature: _____ Date: _____

Applicant Signature: _____ Date: _____

Applicant Signature: _____ Date: _____

Applicant Signature: _____ Date: _____

Applicant Signature: _____ Date: _____



We encourage and support the nation's affirmative housing program in which there are no barriers to obtaining housing because of race, color, religion, sex, national origin, handicap or familial status.

