

Tenant
 Guarantor

Name of Applicant: _____

APPLICATION TO RENT

(All sections must be completed) **Individual applications required from each occupant 18 years of age or older.**

Last Name		First Name		Middle Name		Social Security Number or ITIN	
Other names used in the last 10 years				Work phone number ()		Home phone number ()	
Date of birth		E-mail address				Mobile/Cell phone number ()	
Photo ID/Type		Number		Issuing government		Exp. date	Other ID
1.	Present address			City		State	Zip
	Date in	Date out	Landlord Name			Landlord phone number	
	Reason for moving out					Current rent \$ /Month	
2.	Previous address			City		State	Zip
	Date in	Date out	Landlord Name			Landlord phone number	
	Reason for moving out					Rent at move-out \$ /Month	
3.	Next previous address			City		State	Zip
	Date in	Date out	Landlord Name			Landlord phone number	
	Reason for moving out					Rent at move-out \$ /Month	
Proposed Occupants: List all in addition to yourself	Name			Name			
	Name			Name			
	Name			Name			
Do you have pets?	Describe			Do you have a waterbed?	Describe		
How did you hear about this rental?							
A.	Current Employer Name			Job Title or Position		Dates of Employment	
	Employer address			Employer/Human Resources phone number ()			
	City, State, Zip			Name of your supervisor/human resources manager			
Current gross income	Check one						
\$	Per <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year						
B.	Prior Employer Name			Job Title or Position		Dates of Employment	
	Employer address			Employer/Human Resources phone number ()			
	City, State, Zip			Name of your supervisor/human resources manager			
Other income source	Amount \$			Frequency			
Other income source	Amount \$			Frequency			



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Name of Applicant: _____

Name of your bank	Branch or address	Account Number	Type of Acct

Please list ALL of your financial obligations below.

Name of Creditor	Address	Phone Number	Monthly Pmt. Amt.
		()	
		()	
		()	
		()	
		()	
		()	

In case of emergency, notify:	Address: Street, City, State, Zip	Relationship	Phone
1.			
2.			

Personal References:	Address: Street, City, State, Zip	Length of Acquaintance	Occupation	Phone
1.				
2.				

Automobile: Make: _____ Model: _____ Year: _____ License #: _____

Automobile: Make: _____ Model: _____ Year: _____ License #: _____

Other motor vehicles: _____

Have you ever filed for bankruptcy? _____ Have you ever been evicted or asked to move? _____



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Supplemental Rental Application Information



Please complete the below supplemental application to allow our team to assist with matching applicants to the best fit landlords. RHCb is not a property owner or landlord, RHCb aims to connect renters with landlords and the below information will assist in the process.

Last Name	First Name	Middle Name
Current Program		Estimated Duration of Program
Case Manager/Service Provider Name		Case Manager/Service Provider Contact
History of Evictions	Yes No	Number
Dates		Property Manager/Landlord
Approximant Credit Score		