

EMPLOYMENT:

YOU:

Employer Name: _____ Phone No: _____

Employer Address: _____
City State Zip

Position: _____ Length of time employed: _____

OTHER HOUSEHOLD MEMBER:

Employer Name: _____ Phone No: _____

Employer Address: _____
City State Zip

Position: _____ Length of time employed: _____

BANK REFERENCE:

Bank Name: _____

Address: _____
City State Zip

LANDLORD REFERENCES:

Name	Address	From	Dates	To
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

PERSONAL REFERENCES:

Name	Address	Telephone
_____	_____	_____
_____	_____	_____
_____	_____	_____

IN THE EVENT OF AN EMERGENCY, WHO DO WE NOTIFY?

Name: _____

Relationship: _____

Address: _____

City State Zip

Telephone: _____

UNIT SELECTION:

Are you interested in a 2-Bedroom/1 Bath unit? ____

Are you interested in a 2-Bedroom/2 Bath unit? ____

Are you interested in a 3-Bedroom/2 Bath One Story unit? ____

Are you interested in a 3-Bedroom/2 Bath Two Story unit? ____

Are you interested in renting an additional detached garage? Yes _____ No _____

Do you plan on having a pet in your unit? Yes _____ No _____
(Failure to disclose an animal in the unit will result in a fine and possible eviction.)

Have you or any other household member ever been charged with a crime in any local, state, or federal jurisdiction? Yes _____ No _____

If so, please explain the charge(s), date(s) of such charge(s), and resulting outcome of such charge(s).

APPLICATIONS WILL BE PROCESSED BASED ON THE DATE AND TIME RECEIVED:

If you are interested in reserving a unit, we require a deposit equal to one month's rent. Your deposit will be applied as your security deposit under the Lease and is returned at the time you vacate the apartment, less any charges for damages to the apartment. **IN THE EVENT YOU DECIDE NOT TO LEASE THE UNIT, THE DEPOSIT IS NON-REFUNDABLE.** The first month's rent is due at the time you sign your lease.

All applicants will be interviewed and screened by Housing Authority staff before acceptance. The following screening criterion will be applied uniformly to all applicants and will form the basis of final acceptance of this Application:

- 1 Prior landlord references.
- 2 Personal references.
- 3 Financial institution references.
- 4 Employer references.
- 5 Criminal history of all household members 18 or older.

The Huron Housing Authority does not discriminate against any person because of race, color, religion, sex, handicap, familial status or national origin. The Huron Housing & Redevelopment Authority is an equal housing opportunity provider and employer.

Signature of Head of Household

Date

AUTHORIZATION TO FURNISH/RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I hereby authorize any person, agency, or institution to release information requested by the Huron Housing & Redevelopment Authority, concerning me or my family. This authorization includes allowing any duly authorized representative of the Huron Housing & Redevelopment Authority to inspect and reproduce records pertaining to me or my family.

I herewith release any person, agency, or institution from any and all liability to me or my family for supplying such information.

Printed Name of Head of Household

Signature of Head of Household

State(s) of Residency in Past 3 Years

Date

Printed Name of Other Household Member over 18

Signature of Other Household Member over 18

State(s) of Residency in Past 3 Years

Date

Printed Name of Other Household Member over 18

Signature of Other Household Member over 18

State(s) of Residency in Past 3 Years

Date