



## Rental Application

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To be filled out by GNDC office

Date Received:

Household Size:

### Personal Information

NAME		DATE	
PRESENT ADDRESS			
CITY		STATE	ZIPCODE
HOME PHONE	WORK PHONE	CELL PHONE	
EMAIL ADDRESS		DRIVERS LICENSE NUMBER	
SOCIAL SECURITY NUMBER			

Have you ever lived in the 78702 or 78721 postal zip code area? More specifically, do you live in, or have family living in, the area south of East 11th Street, east of Interstate 35, west of Route 183, and north of Town Lake? ☐ Yes ☐ No

### Emergency Contact

NAME	PHONE NUMBER
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### Rental History

NAME OF OWNER/MANAGER OF YOUR CURRENT HOME		PHONE NUMBER
ADDRESS OF OWNER/MANAGER		
CITY	STATE	ZIPCODE
AMOUNT OF YOUR RENT PAYMENT	HOW LONG HAVE YOU LIVED THERE?	

Do you receive any subsidy benefits such as Section 8 Housing? ☐ Yes ☐ No

PREVIOUS ADDRESS		
CITY	STATE	ZIPCODE
NAME OF OWNER/MANAGER		PHONE NUMBER
AMOUNT OF YOUR RENT PAYMENT	HOW LONG HAVE YOU LIVED THERE?	

Did you receive any subsidy benefits such as Section 8 Housing? ☐ Yes ☐ No



## Household Information

Please list yourself and each member of your household.

NAME	RELATIONSHIP	AGE	DATE OF BIRTH	SOURCE OF INCOME	MONTHLY INCOME
NAME	RELATIONSHIP	AGE	DATE OF BIRTH	SOURCE OF INCOME	MONTHLY INCOME
NAME	RELATIONSHIP	AGE	DATE OF BIRTH	SOURCE OF INCOME	MONTHLY INCOME
NAME	RELATIONSHIP	AGE	DATE OF BIRTH	SOURCE OF INCOME	MONTHLY INCOME
NAME	RELATIONSHIP	AGE	DATE OF BIRTH	SOURCE OF INCOME	MONTHLY INCOME
NAME	RELATIONSHIP	AGE	DATE OF BIRTH	SOURCE OF INCOME	MONTHLY INCOME
NAME	RELATIONSHIP	AGE	DATE OF BIRTH	SOURCE OF INCOME	MONTHLY INCOME

Please list the employment for each working household member.

NAME	EMPLOYER'S NAME	LENGTH OF EMPLOYMENT
EMPLOYER'S ADDRESS	CITY	STATE
NAME	EMPLOYER'S NAME	LENGTH OF EMPLOYMENT
EMPLOYER'S ADDRESS	CITY	STATE
NAME	EMPLOYER'S NAME	LENGTH OF EMPLOYMENT
EMPLOYER'S ADDRESS	CITY	STATE

Please list the make, model, year and license plate number of all cars belonging to household members.

MAKE AND MODEL	YEAR	LICENSE PLATE NUMBER
MAKE AND MODEL	YEAR	LICENSE PLATE NUMBER
MAKE AND MODEL	YEAR	LICENSE PLATE NUMBER

Are there any handicapped members of your household? ☐ Yes ☐ No

If yes, please describe \_\_\_\_\_

Do you have any pets? ☐ Yes ☐ No If so, what kind? \_\_\_\_\_

Have you ever been **evicted**? ☐ Yes\* ☐ No **\*If yes, please attach a written explanation**

Have you ever been convicted of a **felony**? ☐ Yes\* ☐ No **\*If yes, please attach a written explanation**



## Financial Information

Please provide a copy of your household's most current Federal Income Tax return (1040).

**YOUR APPLICATION WILL NOT BE ACCEPTED WITHOUT A COPY OF A CURRENT TAX RETURN.**

Please check & complete the following financial information:

Do you have a checking account? ☐ Yes ☐ No Amount of funds \_\_\_\_\_

Do you have a savings account? ☐ Yes ☐ No Amount of funds \_\_\_\_\_

Do you own stocks or bonds? ☐ Yes ☐ No Value \_\_\_\_\_

Do you own life insurance? ☐ Yes ☐ No Face value \_\_\_\_\_

Do you own real property or is property listed under your name? ☐ Yes\* ☐ No

\*If yes, please give property description or address

I declare that the statements and information given above are true and correct, and I hereby authorize verification of references given and will provide a copy of my credit report and criminal background check if needed. **I understand it is my responsibility to keep a copy of this application for my records and I understand that my application will be kept on file for five (5) years from the date received by GNDC, provided my telephone numbers are correct and working. I also understand that GNDC office will contact me only by telephone.**

Signature \_\_\_\_\_ Co-Applicant \_\_\_\_\_

**Please do not write in this section. For GNDC office use only.**

Date completed application received \_\_\_\_\_ Copy of Tax Return? ☐ Yes ☐ No

Landlord check \_\_\_\_\_ Criminal Background? ☐ Yes ☐ No

Employment check \_\_\_\_\_ This application was reviewed \_\_\_\_\_

Application History

