



RENTAL APPLICATION

PLEASE NOTE: Complete and return application to HSCLT with a \$50 non-refundable application fee. Your name will be placed on our list and you will be notified of an appointment to determine your qualifications and when a home becomes available. All information must be completed, or your application will be returned. If not applicable, please mark with N/A.

Applicant _____ **Co-Applicant** _____

Phone _____ **Phone** _____

Email _____ **Email** _____

HOUSEHOLD COMPOSITION

<u>Name</u>	<u>Social Security #</u>	<u>DOB</u>	<u>Full Time Student (Y/N)</u>	<u>US Citizen (Y/N)</u>
Children	School Name			

EMPLOYMENT INFORMATION

List all household members over 18 years of age who are employed (include previous employment if less than one year).

Name: _____	
Employer: _____	Position/Title: _____
Employer Contact: _____	Contact Phone #: _____
Street: _____	City: _____ State: _____ Zip: _____
Date(s) of Employment: _____	Years Employed in this line of work: _____
Gross Monthly Income: _____ Pay Cycle: <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other	
Name: _____	
Employer: _____	Position/Title: _____
Employer Contact: _____	Contact Phone #: _____
Street: _____	City: _____ State: _____ Zip: _____
Date(s) of Employment: _____	Years Employed in this line of work: _____
Gross Monthly Income: _____ Pay Cycle: <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other	

(Include all sources of wage income and non-wage income, i.e., social security, alimony, child support, etc.)



CURRENT HOUSEHOLD INFORMATION

Monthly Rent Payment \$ _____

Do any of your household adults own a home now? _____

Have any of your household adults owned a home in the past three years? _____

How long have you lived at your present address? _____

Do you own any pets? No Yes (type) _____

Current Landlord Name: _____

Address: _____ State: _____ Zip: _____

Phone # _____

Even if you lived with someone, please COMPLETE the information below:

PREVIOUS ADDRESS		LANDLORD NAME AND ADDRESS
Street:	Apt.	Property Name
City, State, Zip		Owner/Mgr:
Rent or Own		Street
Monthly Payment:		City, State, Zip
Person living with you:		Phone:
Relationship to you:		Date you moved in:
Reason for Leaving:		Date you moved out:
PREVIOUS ADDRESS		LANDLORD NAME AND ADDRESS
Street:	Apt.	Property Name
City, State, Zip		Owner/Mgr:
Rent or Own		Street
Monthly Payment:		City, State, Zip
Person living with you:		Phone:
Relationship to you:		Date you moved in:
Reason for Leaving:		Date you moved out:
PREVIOUS ADDRESS		LANDLORD NAME AND ADDRESS
Street:	Apt.	Property Name
City, State, Zip		Owner/Mgr:
Rent or Own		Street
Monthly Payment:		City, State, Zip
Person living with you:		Phone:
Relationship to you:		Date you moved in:
Reason for Leaving:		Date you moved out:



FINANCIAL INFORMATION

Please indicate debts and amounts for applicant and co-applicant only.

TYPE OF LIABILITY	MONTHLY PAYMENT	OUTSTANDING BALANCE	CREDITOR NAME	DELINQUENT (Y/N)
Auto	\$	\$		
Credit Card	\$	\$		
Credit Card	\$	\$		
Lease Payment	\$	\$		
Student Loan	\$	\$		
Medical Bills	\$	\$		
Other (Please List):	\$	\$		
	\$	\$		
	\$	\$		

Additional debt? Please check here and list on a separate sheet.

Have any of your household adults filed a bankruptcy in the past three years? _____
 If yes, please provide information on a separate sheet of paper.

We, the undersigned, give our permission to run a credit check on our family. The purpose of this credit check is to assist in determining our eligibility for a home.

Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____

Please return completed application & ***\$50 Non-Refundable*** fee payable to:

Hannibal Square Community Land Trust, Inc.
 PO Box 364
 Winter Park, Fl 32790
 Office: 407 643.9111 /Fax: 407 643.9053
info@HannibalSquareCLT.org / www.HannibalSquareCLT.org