



Shiloh Community Housing Incorporated

1677 Juneau St. • Anchorage, Alaska • 99501 • Phone 907-770-1319

RENTAL APPLICATION

**NO PETS ALLOWED!**

Every occupant over the age of 18 **MUST** fill out a separate application.

Please fill out this form **COMPLETELY** and sign where indicated.

**PERSONAL INFORMATION**

FIRST NAME \_\_\_\_\_ MIDDLE \_\_\_\_\_ LAST \_\_\_\_\_

DRIVERS LICENSE: STATE \_\_\_\_\_ # \_\_\_\_\_

PHONE: CELL \_\_\_\_\_ HOME \_\_\_\_\_

WORK \_\_\_\_\_

EMAIL \_\_\_\_\_

PRESENT HOME ADDRESS CITY/STATE/ZIP \_\_\_\_\_

PRESENT LANDLORD \_\_\_\_\_ PHONE \_\_\_\_\_ HOW LONG? \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

AMOUNT OF RENT \_\_\_\_\_ Is your present rent up to date? ☐ YES ☐ NO

PREVIOUS HOME ADDRESS CITY/STATE/ZIP \_\_\_\_\_

PREVIOUS LANDLORD \_\_\_\_\_ PHONE \_\_\_\_\_ HOW LONG? \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

AMOUNT OF RENT \_\_\_\_\_

PREVIOUS HOME ADDRESS CITY/STATE/ZIP \_\_\_\_\_

PREVIOUS LANDLORD \_\_\_\_\_ PHONE \_\_\_\_\_ HOW LONG? \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

AMOUNT OF RENT \_\_\_\_\_

**PROPOSED OCCUPANT(S)**

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ OCCUPATION \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ OCCUPATION \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ OCCUPATION \_\_\_\_\_

**VEHICLE(S) INFORMATION**

Vehicle #1 YEAR \_\_\_\_\_ MAKE \_\_\_\_\_ MODEL \_\_\_\_\_ COLOR \_\_\_\_\_ PLATE# \_\_\_\_\_

STATE \_\_\_\_\_

Vehicle #2 YEAR \_\_\_\_\_ MAKE \_\_\_\_\_ MODEL \_\_\_\_\_ COLOR \_\_\_\_\_ PLATE# \_\_\_\_\_

STATE \_\_\_\_\_

**INCOME**

**CURRENT EMPLOYER** \_\_\_\_\_

**OCCUPATION HOURS/WEEK** \_\_\_\_\_ / \_\_\_\_\_

**SUPERVISOR NAME** \_\_\_\_\_ **PH#** \_\_\_\_\_ **YEARS EMP** \_\_\_\_

**ADDRESS CITY/STATE/ZIP** \_\_\_\_\_

**INCOME: \$** \_\_\_\_\_ **o WEEKLY o BIWEEKLY o MONTHLY o YEARLY**

**LIST ALL OTHER SOURCE OF INCOME**

**SOURCE:** \_\_\_\_\_

**\$** \_\_\_\_\_ **o WEEKLY o BIWEEKLY o MONTHLY o YEARLY**

**DOCUMENTED PROOF OF INCOME:** \_\_\_\_\_ **YES/NO**

**SOURCE:** \_\_\_\_\_

**\$** \_\_\_\_\_ **o WEEKLY o BIWEEKLY o MONTHLY o YEARLY**

**DOCUMENTED PROOF OF INCOME:** \_\_\_\_\_ **YES/NO**

**CREDITORS OWED:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**EMERGENCY / PERSONAL REFERENCE INFORMATION**

**EMERGENCY CONTACT** \_\_\_\_\_ **RELATION** \_\_\_\_\_

**PHONE** \_\_\_\_\_ **CELL/HOME**

**ADDRESS** \_\_\_\_\_ **CITY/STATE/ZIP** \_\_\_\_\_

**EMERGENCY / PERSONAL REFERENCE INFORMATION**

**EMERGENCY CONTACT** \_\_\_\_\_ **RELATION** \_\_\_\_\_

**PHONE** \_\_\_\_\_ **CELL/HOME**

**ADDRESS** \_\_\_\_\_ **CITY/STATE/ZIP** \_\_\_\_\_

**PERSONAL REFERENCE** \_\_\_\_\_

**PHONE** \_\_\_\_\_ **CELL** \_\_\_\_\_ **HOME** \_\_\_\_\_

**RELATION** \_\_\_\_\_

**ADDRESS CITY/STATE/ZIP** \_\_\_\_\_

**PERSONAL REFERENCE** \_\_\_\_\_

**PHONE** \_\_\_\_\_ **CELL** \_\_\_\_\_ **HOME** \_\_\_\_\_

**RELATION** \_\_\_\_\_

**ADDRESS CITY/STATE/ZIP** \_\_\_\_\_

**APPLICANT QUESTIONNAIRE / AUTHORIZATION**

Has applicant ever been sued for bills? ☐ YES ☐ NO

Has applicant ever been locked out of their apartment by the sheriff? ☐ YES ☐ NO

Has applicant ever been bankrupt? ☐ YES ☐ NO

Has applicant ever been brought to court by another landlord? ☐ YES ☐ NO

Has applicant ever been guilty of a felony? ☐ YES ☐ NO

Has applicant ever moved owing rent or damaged an apartment? ☐ YES ☐ NO

Has applicant ever broken a Lease? ☐ YES ☐ NO

Is the total move-in amount available now (rent and deposit)? ☐ YES ☐ NO

**Applicant authorizes the landlord to contact past and present landlords, employers, creditors, credit bureaus, neighbors and any other sources deemed necessary to investigate applicant. All information is true, accurate and complete to the best of applicant's knowledge. Landlord reserves the right to disqualify tenant if information is not as represented.**

**ANY PERSON OR FIRM IS AUTHORIZED TO RELEASE INFORMATION ABOUT THE UNDERSIGNED UPON PRESENTATION OF THIS FORM OR A PHOTOCOPY OF THIS FORM AT ANY TIME.**

**X**

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**APPLICANT SIGNATURE**

**DATE**

**If you have any questions about the interpretation or legality of this form, please consult an attorney or other qualified person.**

**NOTES:**

**SCHI Fair Housing and Equal Opportunity Statement**

It is the policy of Shiloh Community Housing (SCHI) to provide equal employment and fair housing opportunity to all persons and to prohibit discrimination because of race, color, religion, national origin, age, sex, and familial status. SCHI does not discriminate on the basis of disability status in admission or access to its assisted housing programs and activities.