



RENTAL APPLICATION

Applicant Information

Date: _____ Time: _____ Social Security Number: _____

Full Legal Name: _____

Date of Birth: _____ Current Phone Number: _____

Email Address: _____

Present Address: _____

Present Landlord's Name: _____

Present Landlord Phone Number: _____ Current Monthly Rent: \$ _____

Reason for Leaving Present Address: _____

Prior Landlord's Name: _____

Prior Landlord Phone Number: _____

Will you be using a Housing Voucher? Yes No If Yes, voucher amount: _____

Number of Dependents/Occupants: _____ Ages of Proposed Occupants: _____

Occupant Name: _____ Date of Birth: _____

Social Security Number: _____

Occupant Name: _____ Date of Birth: _____

Social Security Number: _____

**Include additional occupants on the back of this form.*



Fairmont Community Development Partnership

300 2nd Street, Suite 2 • Fairmont, WV 26554 • Phone: 304.366.7600 • Fax: 304.366.9749





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Emergency Contact Information

Name: _____

Address: _____

Phone Number: _____ Relationship: _____

Co-Signer Information

If applicant has no source of income and/or no previous rental history, a co-signer may be required to lease a property with the Partnership.

I will secure a co-signer, if needed. Yes No

Employment Information/Sources of Income

Current Employer: _____

Employer Address: _____

Employer Phone Number: _____ Gross Monthly Income: _____

Supervisor's Name: _____

Employment Dates: _____

Previous Employer: _____

Employer Address: _____

Employer Phone Number: _____ Gross Monthly Income: _____

Supervisor's Name: _____

Employment Dates: _____



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If you have other sources of income that you would like us to consider, please list source of income, amount and a point of contact (banker, employer, etc...) who we may contact for confirmation. You are not required to reveal alimony, child support, or spouse's annual income unless you want us to consider it in this application.

Source of Income: _____

Contact Person: _____

Phone Number: _____ Amount: \$ _____

Additional Information

- | | | |
|---|------------------------------|-----------------------------|
| Have you ever refused to pay rent when due? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you ever been evicted? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you been convicted of a felony in the last seven years? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you been convicted of a misdemeanor in the last seven years? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are you on the sex offender registry? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you, or anyone in your household, smoke? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you currently have pets? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you require any special accommodations? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If yes, please specify: _____

Do you require a service/companion animal? Yes No

If yes, can you provide medical documentation and shot records for the animal? Yes No

In which states have you lived within the last seven years? _____

Personal Reference (Non-Relative)

Name: _____

Phone Number: _____ Relationship: _____



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Applicant Signature

The above information, to the best of my knowledge, is true and accurate.

Print Name: _____ Sign: _____

For Office Use Only - To Be Completed by Partnership Staff

SSN: _____

Rental Application/Pre-Verification Complete

Processing Fee Received

Release of Information

I authorize Fairmont Community Development Partnership, Inc. (The Partnership) to do a complete background check and investigation of all information provided. I have personally filled in and/or reviewed all information listed above. I understand that failure to complete this form completely and truthfully may result in denial of service. A complete investigation may include any or all of the following: a credit report, verification of employment, criminal record research, rental history references, and personal interviews with the above listed references.

I understand that I have a right to make a written request within 14 days to receive information pertaining to the report if I am not accepted based on information in said report.

My signature below authorizes all above companies to release rental payment information (including salary) and criminal record information and agreement that I will contact the Partnership with any changes in family composition and/or income.

Applicant Signature: _____ Date: _____

FCDP Staff Signature: _____ Date: _____



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RENTAL APPLICATION

For Office Use Only - Rental Application Review

Did applicant ever refuse to pay rent when due? Yes No

If yes, please explain: _____

Was applicant evicted? Yes No

If yes, please explain: _____

Has applicant ever had a noise violation? Yes No

Did application keep apartment clean? Yes No

Was applicant current with rent? Yes No

Date: _____

Printed Name of Landlord or Representative: _____

Signature of Landlord or Representative: _____

