



RENTAL APPLICATION

Applicant Information

Date: _____ Time: _____

Full Legal Name: _____

Date of Birth: _____ Current Phone Number: _____

Email Address: _____

Number of Dependents: _____ Ages of Proposed Occupants: _____

Present Address: _____

Present Landlord's Name: _____

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

Reason for Leaving Present Address: _____

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



Fairmont Community Development Partnership

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





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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: _____

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? Yes No

Have you ever been evicted? Yes No

Have you ever been convicted of a felony? Yes No



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Do you smoke? Yes No
Have you ever filed for bankruptcy? Yes No

If yes, discharge date: _____

If yes, please explain: _____

Do you currently have pets? Yes No

If yes, please list type of pet(s): _____

**Please note that all pets must be approved and a pet deposit is required.*

Personal Reference

Name: _____

Phone Number: _____ Relationship: _____

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



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Release of Information

PLEASE NOTE

This page of the Rental Application form is to be completed in the presence of a notary at the Partnership office.

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.

Applicant Signature: _____

Taken, subscribed and sworn before me, this undersigned authority, this, the _____ day of _____, 20_____.

Notary Public: _____

My Commission Expires: _____



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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: _____

