

MOUNTAIN TOP HOUSING RENTAL APPLICATION

All adult applicants (18 years or older) must complete a separate application for rental.
You must use the correct legal name for each member of your household
as it appears on their social security card.
Please attach additional pages as necessary to provide complete answers.

APPLICANT INFORMATION

LAST NAME _____ FIRST NAME _____ M.I. _____
SSN _____ DRIVER'S LICENSE # _____
BIRTH DATE _____ HOME PHONE _____
WORK PHONE _____ EMAIL _____

CURRENT ADDRESS _____
STREET ADDRESS CITY STATE ZIP

DATE IN _____ DATE OUT _____
LANDLORD NAME _____ LANDLORD PHONE _____
MONTHLY RENT _____ REASON FOR LEAVING _____

PREVIOUS ADDRESS _____
STREET ADDRESS CITY STATE ZIP

DATE IN _____ DATE OUT _____
LANDLORD NAME _____ LANDLORD PHONE _____
MONTHLY RENT _____ REASON FOR LEAVING _____

OTHER OCCUPANTS

LIST NAMES AND BIRTH DATES OF ALL ADDITIONAL OCCUPANTS 18 YEARS OR OLDER

LIST NAMES AND BIRTH DATES OF ALL OCCUPANTS 18 YEARS OR YOUNGER

EMPLOYMENT INCOME INFORMATION

OCCUPATION _____ EMPLOYER/COMPANY _____
SUPERVISOR NAME _____ SUPERVISOR PHONE _____
MONTHLY SALARY \$ _____
START DATE _____ END DATE _____

PREVIOUS OCCUPATION _____ EMPLOYER/COMPANY _____
SUPERVISOR NAME _____ SUPERVISOR PHONE _____
MONTHLY SALARY \$ _____
START DATE _____ END DATE _____

ALL OTHER INCOME FOR ALL HOUSEHOLD MEMBERS, REGARDLESS OF SOURCE

WHO RECEIVES _____ SOURCE _____ MONTHLY \$ _____
WHO RECEIVES _____ SOURCE _____ MONTHLY \$ _____
WHO RECEIVES _____ SOURCE _____ MONTHLY \$ _____

EMERGENCY CONTACTS

1. NAME _____ ADDRESS _____
PHONE _____ RELATIONSHIP _____
2. NAME _____ ADDRESS _____
PHONE _____ RELATIONSHIP _____

PERSONAL REFERENCES

1. NAME _____ ADDRESS _____
PHONE _____ RELATIONSHIP _____
2. NAME _____ ADDRESS _____
PHONE _____ RELATIONSHIP _____

Do you anticipate any changes in this income in the next 12 months? Yes _____ No _____

Do you require any reasonable accommodation(s) due to disability? Yes _____ No _____