

Date Rec'd:

Time:

No.:

Rental Application



AHFC does not discriminate in rental practices on the basis of age, race, color, sex, religion, national or ethnic origin, familial status, disability, sexual orientation, gender identity, or marital status.

This is an application for (please check one): Etolin Heights, Wrangell

Desired Move-In Date

Yes No Will you be using rental assistance or subsidy for an apartment?

Head of Household Information

Last Name		First	Middle
Current Mailing Address		City, ST Zip	
Birth Date	Social Security No.	Cell Phone	
Any Other Names You've Used in the Past		Home Phone	
Email Address		Other Phone	

Other Proposed Occupants

Name (First and Last)	Social Security No.	Birth Date	Relationship to Head

How many bedrooms are you interested in renting?

Yes No Do you or does anyone in your household require a unit with accessible features?

If yes, Wheelchair Accessible Vision Features in Unit Sound Features in Unit

Employment Information

Applicant Name			
Employer			
Address			
Employer's phone			
Occupation			
Supervisor's name			
	From / To	From / To	From / To
Employment dates	/	/	/



Residence Information (tell us where you have lived for the last two years)

	Residence	Residence	Residence
Applicant name			
Street address			
City, ST, zip code			
	From / To	From / To	From / To
Dates of residency	/	/	/
Landlord/manager name			
Landlord phone number			
Last rent amount paid	\$	\$	\$
Did you pay for any utilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for leaving			

Financial Information

Applicant Name			
Wages/salary	\$	\$	\$
Other income*	\$	\$	\$
Other income*	\$	\$	\$

*If you have other sources of income you would like us to consider, list that income here.

	Bank	Amount
Checking account		\$
Savings account		\$
Other		\$

General Information*

<input type="checkbox"/> Yes <input type="checkbox"/> No	Has any household member been evicted from a rental residence in the last 2 years? If Yes, who and when?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does any household member owe money to a previous landlord? If Yes, how old is the debt?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does any household member have any criminal activity convictions within the last three (3) years? If Yes, who and for what?

*If any answers need more explanation, please submit these on a separate piece of paper.

Authorization and Certification

- I certify the statements I have made are true and correct. I understand that it is my responsibility to provide AHFC with my current address and/or telephone number, and my application may be cancelled if I fail to do so.
- I hereby authorize AHFC to conduct a credit and/or criminal check, verify information I provided, and communicate with any and all names listed on this application. I understand that any discrepancy or lack of information may result in the rejection of this application.

Adult Household Member Signature

Date