

****We cannot accept this application without proof of income and a photo ID****

RENTAL APPLICATION- HUD SUBSIDIZED PROGRAM

TRIP, Inc., 415 River Street, Troy, NY 12180

Phone: (518) 272-8289 Fax: (518) 272-1950

Dial (800) 627-3529 for Hearing Impaired Assistance

APPLICANT-HEAD OF HOUSEHOLD

Last Name _____ First _____ Middle Initial _____

Social Security No. _____ D.O.B. ____/____/____

Current Address _____ Phone # () _____
****To reach you a month from now**

City _____ State _____ Zip Code _____ Email Address _____

Current Rent Amount \$ _____ Does Rent Amount Include Utilities? [] Yes [] No

Employer Name _____ Supervisor's Name _____

How Long? _____ Phone #() _____
City _____ State _____ Zip Code _____

Gross Salary/Wages \$ _____ per hour _____ weekly _____ biweekly _____ monthly

Marital Status: ___ Single ___ Married ___ Separated ___ Divorced ___ Widowed ___ Living Together

Are you student? ___ Yes ___ No

SPOUSE or CO-APPLICANT INFORMATION

Last Name _____ First _____ Middle Initial _____

Social Security No. _____ D.O.B. ____/____/____

Current Address _____ Phone # () _____

City _____ State _____ Zip Code _____ Email Address _____

Current Rent Amount \$ _____ Does Rent Amount Include Utilities? [] Yes [] No

Employer Name _____ Supervisor's Name _____

How Long? _____ Phone #() _____
City _____ State _____ Zip Code _____

Gross Salary/Wages \$ _____ per hour _____ weekly _____ biweekly _____ monthly

Marital Status: ___ Single ___ Married ___ Separated ___ Divorced ___ Widowed ___ Living Together

Are you student? ___ Yes ___ No

****We cannot accept this application without proof of income and a photo ID****

OTHERS TO RESIDE IN THE APARTMENT

NAME	DOB	SEX	RELATIONSHIP	SOC-SEC-NO	SCHOOL
	___/___/___			- -	
	___/___/___			- -	
	___/___/___			- -	
	___/___/___			- -	

DO YOU OR ANY MEMBER OF YOUR HOUSEHOLD RECEIVE ANY OF THE FOLLOWING?

* Please answer yes or no to all questions below and provide \$\$ amounts for those items checked YES. Do not leave any question blank.

Employment Income	[]	Yes	[]	No	Amount	\$ _____
Public Assistance/Welfare/Welfare Settlement	[]	Yes	[]	No	Amount	\$ _____
Saving Account	[]	Yes	[]	No	Amount	\$ _____
Checking Account	[]	Yes	[]	No	Amount	\$ _____
Social Security Disability/ SSI or SSA	[]	Yes	[]	No	Amount	\$ _____
Child Support/Alimony	[]	Yes	[]	No	Amount	\$ _____
Unemployment	[]	Yes	[]	No	Amount	\$ _____
Military Allowance	[]	Yes	[]	No	Amount	\$ _____
Lottery Winnings	[]	Yes	[]	No	Amount	\$ _____
Insurance settlement/Workers comp settlement	[]	Yes	[]	No	Amount	\$ _____
Settlement from Workers Compensation	[]	Yes	[]	No	Amount	\$ _____
Have owed a home in the past 2 years	[]	Yes	[]	No	Amount	\$ _____
Other Income not reported	[]	Yes	[]	No	Amount	\$ _____
Disposed of any asset for less than fair market value in the past two years					If yes	***Must complete form

LANDLORD INFORMATION

Present Address? _____ **Date From** - **Date To**
 _____/_____/____ - ____/____/____
 City State Zip Code

Present Landlord Name _____ **Phone # ()** _____

Address _____
 _____ City State Zip Code

Previous Address? _____ **Date From** - **Date To**
 _____/_____/____ - ____/____/____
 City State Zip Code

Previous Landlord Name _____ **Phone # ()** _____

Address _____
 _____ City State Zip Code

****We cannot accept this application without proof of income and a photo ID****

Are you a first-time renter? [] Yes [] No

If yes, we require two professional references from a school, job, or civic organization. These must be on letterhead and from someone you have known for at least one year. We will also require a home visit

Please list every state in which you and/or members of your proposed household have subsided in their lifetimes: _____

OTHER INFORMATION

** Please answer all questions below. Do not leave any section blank.*

Do you have a Section 8 housing choice voucher? [] Yes [] No

Do you expect any change in your family size? [] Yes [] No

If Yes, Please Explain _____

Has any member of your household been diagnosed with an elevated lead level? [] Yes [] No

If Yes, Please Explain _____

Is your home or apartment in good condition? [] Yes [] No

Are you or any member of your household subject to lifetime sex offender registration in any state? () Yes () No

Why are you moving?

Have you been asked to move or been evicted from any housing? [] Yes [] No

If Yes, Please Explain _____

How did you hear about TRIP's rental opportunities? _____

Description of pets _____

Alternate Contact Person _____(Relative, friend) Phone # () _____

**this would be someone we can ask to contact you for application information if we cannot reach you*

I certify that the information set forth here is complete and correct to the best of my knowledge. I hereby give permission to investigate my credit, my criminal background, landlord references and to verify all information necessary to process this application.

Signature of Applicant _____

Date _____

Signature of Co-Applicant _____

Date _____

There is a preference for working applicants. Those households unable to work due to disability or retirement (reached legal retirement age) will not lose their spot on the waitlist

****We cannot accept this application without proof of income and a photo ID****