

RENTAL APPLICATION

Please complete this form in blue or black ink (all one color). If you are printing this form, please print **single-sided**.

To submit your application, please make an appointment by contacting our leasing team at 216.961.4242 or propertymanagement@nwneighborhoods.org. Please bring all required documents to your appointment, or we may have to reschedule.

Building: _____ Unit size (number of bedrooms): _____

Requested lease start date: _____ Referred by: _____

Applicant Information

Applicant #1

First Name: _____ Last Name: _____

Legal Name (if different): _____

Have you ever used a different name than the one shown above?

Yes ___ No ___ If yes, please list names and dates when in use:

SSN: _____ DOB: _____ Age: _____

Phone: _____ Alt Phone: _____

Email: _____

Applicant #2 (if applicable)

First Name: _____ Last Name: _____

Legal Name (if different): _____

Have you ever used a different name than the one shown above?

Yes ___ No ___ If yes, please list names and dates when in use:

SSN: _____ DOB: _____ Age: _____

Phone: _____ Alt Phone: _____

Email: _____





General Questions

Has either applicant ever been evicted or otherwise removed from rental housing?

Yes ___ No ___

Do you have housing assistance? Yes ___ No ___ If yes, which agency? _____

Do you or any other member of your household smoke? Yes ___ No ___

Do you have a service animal or emotional support animal? Yes ___ No ___

Please note: All Northwest Neighborhoods properties are pet-free. Service animals and emotional support animals are allowed with documentation.

Have you or any other member of your household ever been convicted of a felony?

Yes ___ No ___

Are you or any family member an employee, agent, consultant, officer, or contractor of Northwest Neighborhoods CDC? Yes ___ No ___

Household Information

Please list all persons, including yourself, who will reside in the apartment.

Full Name	Relationship	Sex	Date of Birth	SSN
1.				
2.				
3.				
4.				
5.				

Are any household members temporarily or permanently absent? Yes ___ No ___

If yes, list the names:

Are there any Foster Children or Adults who are part of the household? Yes ___ No ___

Are any members of your household a student (full or part time?) Yes ___ No ___

If yes, list the names:



Rental History

Please provide the **most recent 3 years** (attach additional page if needed). Please include your current address, whether it's a rental or not.

Current Residence:

Address: _____

City: _____ State: _____ Zip: _____ Rent: _____

Utilities Included?: _____ Dates of Residency: _____

Reason for Moving: _____

Landlord: _____ Daytime Phone #: _____

Previous Residence(s):

Address: _____

City: _____ State: _____ Zip: _____ Rent: _____

Utilities Included?: _____ Dates of Residency: _____

Reason for Moving: _____

Landlord: _____ Daytime Phone #: _____

Address: _____

City: _____ State: _____ Zip: _____ Rent: _____

Utilities Included?: _____ Dates of Residency: _____

Reason for Moving: _____

Landlord: _____ Daytime Phone #: _____

Income and Assets

Please enter the amount received or the asset value for all questions that you answer Yes.

Do you receive or expect to receive:	Yes	No	Amount
Wages, Salaries (includes overtime, tips ,bonuses, and self-employment)?			
Employer 1: _____			
Phone: _____ Email: _____			
Employer 2: _____			
Phone: _____ Email: _____			
Regular cash contributions of gifts from individuals not living in the unit or organizations such as churches, parents, friends, etc. (includes rent, utilities, groceries, etc.)?			
Do you work for someone who pays you cash?			
Money from self-employment (including Uber, DoorDash, etc)?			
Alimony?			
Regular pay as a member of the armed forces?			
Social security payments?			
Pensions?			
Retirements benefits?			
Veterans Administrations benefits?			
Death benefits?			
Unemployment benefits or severance pay?			
Annuities or life insurance dividends?			
Insurance policies?			
Disability or death benefits?			
Retirement funds?			

Have you received or expect to receive any lump sum payments, such as:	Yes	No	Amount
Inheritances?			
Lottery Winnings?			
Insurance settlements for health, accident, workers compensation, etc?			
Capital gains?			
Social security benefits, unemployment compensation, etc?			
Other (specify):			

Do have money in:	Yes	No	Value
Checking Accounts? (if yes, enter the balance)			
Name of Bank: Acct #: Balance:			
Name of Bank: Acct #: Balance:			
Name of Bank: Acct #: Balance:			
Savings Accounts? (if yes, enter the balance)			
Name of Bank: Acct #: Balance:			
Name of Bank: Acct #: Balance:			
Name of Bank: Acct #: Balance:			
Money Market Funds?			
Certificate of Deposits?			
Stocks?			
Bonds?			
Annuities?			
Securities?			
Trusts?			
If yes, is the trust(s) irrevocable?			
IRA or Keogh accounts?			
Other retirement accounts?			
Safety deposit box, at home, etc.?			
Do you have any coin collections, antique cars, stamps, jewelry or gems, or any other items helps as an investments (this does not include wedding rings and other personal jewelry)			
Do you own a home or other real estate?			
If yes, are you in the process of selling?			
Do you receive rental income from a home or other real estate?			
Have you disposed of any assets for less than fair market values in the past two years?			
If yes, list the asset(s) you disposed of, the date of disposition, the fair market value and the amount received:			
Are any of the assets listed above held jointly with another person?			
If yes, list the assets:			

Emergency Contact

Name: _____ Relationship: _____

Phone Number: _____ Email: _____

