



northwest
NEIGHBORHOODS

Rental Application

Received by: _____

Date/Time Received: _____

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 leasing@nwneighborhoods.org.

Please bring all required documents to your appointment, or we will be unable to process your application.

Building Name: _____ Number of Bedrooms: _____

Requested Lease Start Date: _____ Referred by: _____

Applicant Information

Applicant Full Name: _____

Maiden/Formal Name: _____ Date of Birth: _____

Other Names/Aliases: _____

Social Security Number: _____ Phone Number: _____ Age: _____

Email: _____

Driver's License or Certified ID: _____ State: _____ Expiration Date: _____

Co-Applicant Information (if applicable)

Applicant Full Name: _____

Maiden/Formal Name: _____ Date of Birth: _____

Other Names/Aliases: _____

Social Security Number: _____ Phone Number: _____ Age: _____

Email: _____

Driver's License or Certified ID: _____ State: _____ Expiration Date: _____

Applicant Residential Information

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 Code: _____ Rent: _____

Utilities included? _____ Dates of Residency: _____

Reason for Moving: _____

Landlord: _____ Daytime Phone: _____

Landlord Email: _____

Previous Residence(s)

Address: _____

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

Utilities included? _____ Dates of Residency: _____

Reason for Moving: _____

Landlord: _____ Daytime Phone: _____

Landlord Email: _____

Address: _____

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Landlord: _____ Daytime Phone: _____

Landlord Email: _____

Address: _____

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

Utilities included? _____ Dates of Residency: _____

Reason for Moving: _____

Landlord: _____ Daytime Phone: _____

Landlord Email: _____

Household Employment Information

Please list employment for all household members who are employed. Attach an additional page if needed.

Household Member: _____ Employer: _____

Job Title: _____ Start Date: _____

Hourly Rate/Salary: _____ Average Hours/Week: _____

Address: _____

Supervisor's Name, Title, Phone Number: _____

Notes: _____

Supervisor's Email: _____

Household Member: _____ Employer: _____

Job Title: _____ Start Date: _____

Hourly Rate/Salary: _____ Average Hours/Week: _____

Address: _____

Supervisor's Name, Title, Phone Number: _____

Notes: _____

Supervisor's Email: _____

Household Member: _____ Employer: _____

Job Title: _____ Start Date: _____

Hourly Rate/Salary: _____ Average Hours/Week: _____

Address: _____

Supervisor's Name, Title, Phone Number: _____

Notes: _____

Supervisor's Email: _____

Income & Lump Sum Payments

The following questions apply to **ALL** members of your household. Please answer Yes or No for every question. If Yes, identify the household member and enter the approximate amount.

Do you or anyone in your household receive income from any of these sources?	Yes	No	Amount	Household Member
Cash gifts or contributions from family, friends, churches, etc.				
Cash-paid employment				
Self-employment income (Uber, DoorDash, etc.)				
Alimony				
Military pay				
Social Security payments				
Pensions				
Retirement benefits				
Veterans benefits				
Death benefits (if paid regularly)				
Unemployment or severance pay				
Annuity payments or life insurance dividends				
Disability benefits				
Rental income from property you own				
Child Support				
Any other income or regular payments not listed above?				
Have you received or expect to receive any lump sum payments, such as:	Yes	No	Amount	Household Member
Inheritances				
Lottery winnings				
Insurance settlements				
Capital gains				
Retroactive Social Security or unemployment payments				
Other (specify):				

Do you or anyone in your household own or have money in any of these?	Yes	No	Amount	Household Member
Checking Accounts (if yes, enter the balance):				
Name of Bank:	Balance:		Household Member	
Do you or anyone in your household own or have money in any of these?	Yes	No	Amount	Household Member
Savings Accounts (if yes, enter the balance):				
Name of Bank:	Balance:		Household Member	
Do you or anyone in your household own or have money in any of these?	Yes	No	Amount	Household Member
Digital banking/payment accounts (Cash App, Venmo, PayPal, Chime, Apple Cash, etc.)				
Do you or anyone in your household own or have money in any of these?	Yes	No	Amount	Household Member
Insurance policies with cash value				
Retirement funds				
Coin collections, antique cars, stamps, jewelry, gems, or other items held as investments (excluding ordinary personal property and personal jewelry)				
Trusts				
If yes, is the trust(s) irrevocable?				
Cash or other financial assets kept at home, in a safe-deposit box, or elsewhere?				
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 on a separate sheet				
Are any of the assets listed above held jointly with another person? If yes, please list the asset(s) on a separate sheet.				

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	Social Security Number
1)				
2)				
3)				
4)				
5)				

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

If yes, list their 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 their names: _____

Emergency Contacts

Full Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Relationship: _____

May we contact this person as a reference? Yes ☐ No ☐

Email: _____ Phone Number: _____

Full Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Relationship: _____

May we contact this person as a reference? Yes ☐ No ☐

Email: _____ Phone Number: _____

Additional Information:

Application Certification & Authorization



Please read the following carefully before signing.

I understand that submitting this application does not guarantee approval or housing. Northwest Neighborhoods CDC (NWN) will review my application to determine whether my household meets NWN's rental criteria and, for income-restricted housing, all applicable program eligibility requirements.

I certify that the information I have provided in this application is true, complete, and accurate to the best of my knowledge. I understand that NWN may request additional information or documentation needed to process my application and determine my eligibility.

I authorize NWN, its staff, and its authorized representatives to verify information provided in this application. This may include contacting or obtaining information from:

- Current and former landlords or property managers
- Current and former employers
- Financial institutions
- Government agencies and benefit providers
- Housing authorities or rental assistance programs
- Consumer reporting agencies, including RealPage
- Other sources reasonably necessary to verify information provided in this application

I authorize these individuals and organizations to release information reasonably necessary for NWN to process my application and determine my eligibility.

I understand that NWN may obtain a consumer report and/or background screening report as part of the application process where applicable. I understand that additional authorization or disclosures may be provided when required by law.

For income-restricted housing, I understand that my household may be required to provide additional documentation and complete additional forms to verify household composition, income, assets, student status, and other program eligibility requirements.

I understand that intentionally providing false, misleading, or incomplete information may result in denial of my application or, if discovered after move-in, other action permitted by the lease, applicable housing program requirements, and law.

By signing below, I certify that I have read and understand the statements above and authorize NWN to verify the information provided in my application.

Printed Name: _____ **Signature:** _____ **Date:** _____

Printed Name: _____ **Signature:** _____ **Date:** _____

Management: _____ **Signature:** _____ **Date:** _____

If you have any questions, or to make an appointment, please contact us at 216.961.4242 or leasing@nwneighborhoods.org.

Required Documentation to Bring to Your Appointment

Please have the following current (not expired) documents ready:

- 1. Photo Identification** for each adult (18 and older)
- 2. Social Security Cards** for all members of the household
- 3. Birth Certificate** for all members of the household
- 4. Proof of Income** (bring all that apply)
 - a. Employment: Eight (8) consecutive paystubs. If newly employed and eight paystubs are not yet available, bring an offer/employment letter showing your start date, rate of pay/salary, and expected hours.
 - b. Social Security/Welfare: Benefits letter (dated within 120 days)
 - c. Pension: Name and address of pension company; member identification number
 - d. Unemployment: Benefit/award letter (dated within 120 days)
 - e. Self-employment: Past two (2) years' income tax returns
 - f. Child-Support/Alimony: One (1) year payment history
- 5. Proof of Assets** (bring all that apply)
 - a. Checking Account: Six (6) consecutive statements (make sure to bring all pages, even if blank)
 - b. Digital Banking: Six (6) consecutive statements (make sure to bring all pages, even if blank)
 - i. Including Chime, CashApp, Venmo, ApplePay, PayPal
 - c. Savings Account: Most recent statement (make sure to bring all pages, even if blank)
 - d. DirectExpress: ATM receipt dated within 120 days
 - e. Stocks, Bonds, Annuities: Most recent statement; broker name and address
 - f. Government Bonds: Actual bonds or a statement showing interest earned and proof of value
 - g. Whole/Universal Life Insurance: Company name, address, and policy number
 - h. Equity in Real Estate: Year-end tax statement showing value of property, and verification of monthly mortgage payments
- 6. \$35 Application Fee** payable by money order to Northwest Neighborhoods CDC (non-refundable)

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