

# ECHO – RENTAL APPLICATION

## APPLICANT INFORMATION/PROPOSED OCCUPANT

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Phone: \_\_\_\_\_ (Home) \_\_\_\_\_ (Cell)

E-mail: \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Driver's License#: \_\_\_\_\_ State: \_\_\_\_\_

Have you ever filed for Bankruptcy? Yes / No

Have you ever been evicted? Yes / No

Own Rent (Please Circle) Monthly Rent Payment: \$ \_\_\_\_\_ How long?: \_\_\_\_\_

Previous Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Own Rent (Please Circle) Monthly Rent Payment: \$ \_\_\_\_\_ How long?: \_\_\_\_\_

## EMPLOYMENT INFORMATION

Current Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Position: \_\_\_\_\_ How Long?: \_\_\_\_\_ Annual Income: \$ \_\_\_\_\_ (Hourly/Salary)

## OTHER INCOME

Social Security (Monthly): \_\_\_\_\_

Pension (Monthly): \_\_\_\_\_

Retirement Distribution (Monthly): \_\_\_\_\_

Other Monthly Income: \_\_\_\_\_

## EMERGENCY CONTACT

Name of a person not residing with you: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ (Home)(Cell) Relationship: \_\_\_\_\_

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## REFERENCES (non-family)

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ How many years known: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ How many years known: \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ How many years known: \_\_\_\_\_

## PROPERTY OWNER

Property Owner Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_ (Home)(Mobile) Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Acreage: \_\_\_\_\_ Utilities: **Water** Public / Well

County: \_\_\_\_\_ **Sewer** Public / Septic

Property Taxes Current?: Yes / No Utility Bill Current?: Yes / No

I (applicant) authorize the verification of the information provided on this form as my credit and employment. I have received a copy of this application.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

I confirm the completion of this application for ECHO Housing.

Property Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Copies: Driver's License/ID  
Income/Assets