



Hello Rental Applicant,

Thank you for your interest in our rental unit. We begin your screening Process when we receive your completed form. Please bring the following items with you when you return your application:

1. A copy of the Social Security card for EACH individual that will live in the unit.
2. A copy of 6 months of checking/savings account statement.
3. 6 weeks of consecutive paystubs
4. Proof of child support.
5. Need copy of Birth Certificate

We may have additional verification that will be necessary.

WE have guidelines that must be followed for us to meet the WV Home Program Compliance.

1. You must meet the income requirements
2. Your personal references will be checked
3. The previous landlords will be contacted
4. A criminal background check will be performed

If we do not have any units available, you will be placed on a waiting list if you meet the WV Home Program Compliance Criteria.

Units are filled in the order of qualified applicants. This list will be updated each year.

Thank you for your interest in our units.



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Southeastern Appalachian Rural Alliance, Inc.

Rt. 1 Box 139, Lewisburg, WV 24901 (304) 645-4966 Fax (304) 645-4977

RENTAL APPLICATION FOR UNIT: _____

You must answer all questions and provide complete and correct information. Failure to do so may result in a delay or rejection or your eligibility approval. It is mandatory to provide a social security number(s).

Date Received: _____ Time Received: _____ Received By: _____

Applicant's Name: _____ SS#: _____

Co Applicant's Name: _____ SS#: _____

Current Address: _____ City _____

State: _____ Zip Code: _____

How long have you been living at this address? _____

Phone: _____

HOUSEHOLD ADULT MEMBERS: (List children Household Composition Section) This section is for Applicant/Co Applicant

Applicant Last Name	First Name	Middle Initial

BirthPlace/CityState	Birthdate	Driver's License Number/State

Co-Applicant Last Name	First Name	Middle Initial

BirthPlace/CityState	Birthdate	Driver's License Number/State

Current Landlord Information: If you do not have a Landlord, please include references from people with a title. A teacher, employer, police officer, etc...

Landlord or Contact Name: _____ Phone#: _____

Landlord's mailing address: _____

We must have 5 years of rental history: If you need additional space please write on the back of this page.

Previous Landlord or Contact Name: _____

Phone#: _____

Address: _____

Landlord's mailing address: _____

Applicant- Please provide 6 weeks of consecutive paystubs

Current Employer: _____ Phone: _____

Mailing Address: _____

Position: _____ How long have you been employed there? _____

Monthly gross pay: _____

Co-applicant - Please provide 6 weeks of consecutive paystubs

Current Employer: _____ Phone: _____

Mailing Address: _____

Position: _____ How long have you been employed there? _____

Monthly gross pay: _____

Co-Applicant's Previous Employment Information:

Previous Employer: _____ Phone: _____

Mailing Address: _____

Position: _____ How long were you been employed there? _____

Monthly gross pay: _____

Co-Applicant's Previous Landlord or Contact Name: _____
Phone#: _____

Address: _____

Landlord's mailing address: _____

Household Composition - List below any persons who will reside in the unit with the applicant:

Name	Sex	Date of Birth	Relationship to applicant	Social Security#

Does anyone receive an income from any other source? This includes someone outside your household that is paying your bills or giving you money. _____ Yes _____ No

If yes, please explain:

Have you or any member of your household (listed above) ever been arrested for any drug related criminal activity? If yes, please give dates, charges, city and state: _____ Yes _____ No

Have you or any member of your household (listed above) ever been arrested for any criminal activity? If yes, please give dates, charges, city and state: _____ Yes _____ No

Have you or any other adult member ever used any name(s) or social security numbers(s) other than the one you have listed? _____ Yes _____ No If yes, please explain:

Have you or any other household members sold any business or assets in the last 2 years?
_____ Yes _____ No If yes, please Explain:

Assets Information

Checking Account# _____ Name of Bank. _____

Amount\$ _____

Savings Account# _____ Name of Bank. _____

Real Estate Owned. _____

Value: _____

Cash Value Life Insurance _____

Cash on Hand _____

Vehicles: List all motor vehicles owned by or registered to household members that will be at the unit site:

Make/Model _____ Year _____ Color _____ State _____

License# _____

Make/Model _____ Year _____ Color _____ State _____

License# _____

In case of a personal emergency please notify: _____

Relationship: _____ Address: _____

Phone number: _____ Alternate Number: _____

I/We confirm that all the information supplied is true and correct. I/We understand that I/We can be denied for the unit if I/We have falsified any information on this application.

Applicant's Signature: _____ Date: _____

Co-applicant's Signature: _____ Date: _____

CRIMINAL BACKGROUND CHECK AUTHORIZATION

Southeastern Appalachian Rural Alliance, Inc.

ROUTE 2 BOX 142

LEWISBURG, WV 24901

S.A.R.A Is given permission to conduct a criminal background check on:

Head of Household:

1. _____
Print Name Sign Name

Social Security Number _____ Date of Birth _____

All Other Adults In Household (Age 18 and over):

2. _____
Print Name Sign Name

Social Security Number _____ Date of Birth _____

3. _____
Print Name Sign Name

Social Security Number _____ Date of Birth _____

4. _____
Print Name Sign Name

Social Security Number _____ Date of Birth _____

CURRENT ADDRESS: _____