



**RENTAL APPLICATION**

Please carefully read and answer all questions. You may not be considered for tenancy if you fail to completely answer all questions on this application.

**APPLICANT INFORMATION**

Name (Last, First, Middle Initial):			
Street Address:	City:	State:	Zip:
Email:	Home Phone:	Cell Phone:	
Social Security #:	Driver's License #:		

**EMPLOYMENT** List all current employment income. Use separate sheet if necessary.

Employer Name:	Supervisor's Name:	Phone Number:	
Street Address:	City:	State:	Zip:
Position:	Start Date (mo/day/yr)	Monthly Income:	
Street Address:	City:	State:	Zip:
Employer Name:	Supervisor's Name:	Phone Number:	
Street Address:	City:	State:	Zip:
Position:	Start Date (mo/day/yr)	Monthly Income:	
Street Address:	City:	State:	Zip:
Employer Name:	Supervisor's Name:	Phone Number:	
Street Address:	City:	State:	Zip:
Position:	Start Date (mo/day/yr)	Monthly Income:	
Street Address:	City:	State:	Zip:

**OTHER SOURCES OF INCOME** List all other sources of income. Use separate sheet if necessary.

Type of Income:	Monthly Amount:
Type of Income:	Monthly Amount:
Type of Income:	Monthly Amount:

**PRESENT AND PREVIOUS LANDLORD OR MORTGAGE COMPANY**

<b>Present Landlord/ Mortgage Company</b>	Move-In Date (mo/day/yr)	Move-Out Date (mo/day/yr)		
Landlord/Company Name:	Contact's Name	Phone Number		
Street Address:	City:	State:	Zip:	
<b>Previous Landlord/ Mortgage Company</b>	Move-In Date (mo/day/yr)	Move-Out Date (mo/day/yr)		
Landlord/Company Name:	Contact's Name	Phone Number		
Street Address:	City:	State:	Zip:	

**BACKGROUND INFORMATION**

Have you ever been served with an eviction notice? Yes No, If yes, provide explanation:

Have you ever been convicted of a crime or been a defendant in a civil action for an intentional tort?  
(Convictions will not necessarily disqualify you for tenancy)  Yes  No  
If "Yes" list offense, date, and disposition:

**VEHICLE INFORMATION**

Make:	Model:	Color:	Year:	License Plate:
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**GENERAL INFORMATION**

Are you a resident of Miami-Dade County? Yes No

Are you a resident or employee within the City of Miami limits within the past 12 consecutive months ? Yes No

**PERSONAL REFERENCES**

Name:	Relationship:	Phone Number:		
Street Address:	City:	State:	Zip:	
Name:	Relationship:	Phone Number:		
Street Address:	City:	State:	Zip:	
Name:	Relationship:	Phone Number:		
Street Address:	City:	State:	Zip:	

<b>ACKNOWLEDGEMENTS</b> ( <i>Read each statement carefully and initial next to each one?</i> )	<b>INITIALS</b>
I declare that all statements contained in this application are true and that any misrepresentation or omission may result in rejection of my application and/or termination of tenancy at any time.	
I authorize Catholic Charities and/or its designated agents to complete a background investigation including but not limited to criminal background checks, MVR (driver license check), personal and employment reference checks, and credit and civil checks. I hereby affirm and declare that all of the foregoing statements are true and correct and that I have not knowingly withheld any fact to conduct any investigation it deems necessary with respect to information set forth in my application. In addition, I authorize Catholic Charities to release such information with their opinions on these matters without any liability for any damage whatsoever caused either directly or indirectly by giving or receiving such information or opinions.	
I authorize any former employer, present employer, utility companies, credit, finance, bureau/offices, personal references, and/or other persons to give any information they may have concerning my character, health, and credit and employment records.	
This organization prohibits and does not tolerate discrimination in any form, including harassment, on the basis of race, color, national origin, sex, age, veteran or marital status, disability, genetics, sexual orientation, or any other protected category of individuals.	
This application will remain active for ninety (90) days. Any applicant wishing to be considered for tenancy beyond ninety (90) days should reapply.	
I hereby agree to unconditionally release, indemnify and hold harmless Catholic Charities and any named or unnamed informant from any and all liability resulting from the furnishing of this information.	
My signature indicates that I have read all of the above statements, that I asked any questions I may have had, and that I fully understand all of these statements.	

\_\_\_\_\_ Date \_\_\_\_\_  
Applicant Signature

\_\_\_\_\_ Date \_\_\_\_\_  
Received by

## OFFICE USE ONLY

Applicant is Eligible and Unit is Available.

Building	Unit	Monthly Rent Amount	Move in Date:

No Unit Available at Time of Application.

Waiting List	Date Applicant Contacted	Applicant Response Date	Interested
Yes <input type="checkbox"/> No <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>

Applicant Determined Ineligible.

Date of Determination	Date Applicant Notified	Reason for Ineligibility