



Tenants to Homeowners, Inc.  
The Lawrence Community Housing Trust Program  
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## **RENTAL APPLICATION REQUIREMENTS**

**It is free to apply and staff will make copies of necessary documents free of charge.**

**However, Tenants to Homeowners will discard applications that do not include all the following:**

- The application must be filled out completely.**
  - Name, address and phone number of previous landlord must be filled out**
  - Employment, income and asset boxes must be completed. If a section does not apply to you, please print N/A in the box.**
- Copy of photo ID of adults in the household**
- Copy of Social Security cards or proof of legal residency for all members of the household.**
- Most recent bank statements for all adults in household**
- Current Income Verification must be provided. Acceptable forms of Income Verification:**
  - If applicable, 4 consecutive pay stubs for each job. More may be requested.**
  - If pay stubs are unavailable, salary verification from the employer(s) on company letterhead will be accepted.**
  - If applicable, Social Security/SSDI letter**
  - If self-employed, 8 months bank statements showing deposits, and previous year's tax return.**

### **THE APPLICATION PROCESS:**

- There is no application fee. We offer application forms to everyone who asks about our rental units, regardless of whether a unit is available. Accepting an application does not indicate the application will be approved.**
- We may not review applications until a unit becomes available.**
- We may deny applications if applicant displays disruptive or negative behaviors, such as physical or verbal abuse.**
- Deposit to be paid in full by Cash or Money Order. Unfortunately, we cannot accept checks on deposit.**

### **THE APPROVAL PROCESS: WHAT DO WE LOOK AT?**

- Sufficient income/resources to pay rent**
- Income must be clearly verified by current third-party documentation included with application (see "Acceptable Forms of Income Verification" above)**
- Income Eligibility (income restrictions apply to subsidized housing and may vary by unit)**
- Prior Rental History**
- Credit History**
- Criminal History**
- Can applicant get utilities switched to their name?**

# Tenants to Homeowners Rental Application

**Please print legibly. We will not accept incomplete applications.**

Full Name of Head of Household: \_\_\_\_\_

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

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

I would like to find a place by (Date): \_\_\_\_\_

If you are interested in a specific location, please note. \_\_\_\_\_

Please keep my application on file, no matter how long it takes: Yes  No

### Household Composition & Characteristics

Member's Name	Relationship to Head	Date of Birth	Age	Sex	Social Security Number (SSN)
	<b>HEAD</b>				

### Residential History (The more information, the better. Required: Past 3 years of residential history and at least one previous landlord who is not a relative.)

1. Present Landlord/Property Name: \_\_\_\_\_  
 Present address: \_\_\_\_\_ Apt. # \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Landlord Day Phone: (\_\_\_\_\_) \_\_\_\_\_ Rent Amt: \$ \_\_\_\_\_ per month  
 Dates Rented/From: \_\_\_\_\_ To: \_\_\_\_\_
  
2. Previous Landlord/Property Name: \_\_\_\_\_  
 Previous address: \_\_\_\_\_ Apt. # \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Landlord Day Phone: (\_\_\_\_\_) \_\_\_\_\_ Rent Amt: \$ \_\_\_\_\_ per month  
 Dates Rented/From: \_\_\_\_\_ To: \_\_\_\_\_
  
3. Previous Landlord/Property Name: \_\_\_\_\_  
 Previous address: \_\_\_\_\_ Apt. # \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Landlord Day Phone: (\_\_\_\_\_) \_\_\_\_\_ Rent Amt: \$ \_\_\_\_\_ per month  
 Dates Rented/From: \_\_\_\_\_ To: \_\_\_\_\_
  
4. Previous Landlord/Property Name: \_\_\_\_\_  
 Previous address: \_\_\_\_\_ Apt. # \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Landlord Day Phone: (\_\_\_\_\_) \_\_\_\_\_ Rent Amt: \$ \_\_\_\_\_ per month  
 Dates Rented/From: \_\_\_\_\_ To: \_\_\_\_\_



**General Questionnaire**

Are you or any members of your household currently receiving housing assistance? Yes  No

If yes, list source of assistance: \_\_\_\_\_ City/State: \_\_\_\_\_

1. Have you ever been convicted of a criminal offense? Yes  No   
If yes, Offense: \_\_\_\_\_ City/State: \_\_\_\_\_
2. Have you or any members of your household ever been evicted? Yes  No   
If yes, Property/Landlord Name: \_\_\_\_\_ City/State: \_\_\_\_\_
3. Are you or any members of your household currently using an illegal substance or drug? Yes  No
4. Are you or any members of your household subject to the State Sexual Offenders Registration? Yes  No   
If yes, list the State where the offence occurred: \_\_\_\_\_
5. Will the apartment for which you are applying be the family's only residence? Yes  No
6. Do you or any members of your household need an accessible unit? Yes  No

**Income:**

**Employment Income (Please list the last three years of employment history):**

Applicant Name	Employer	State Date	End Date	Position	Monthly Gross Income

**Other Household Income (SSI, child support, pension, benefits, etc.)**

Applicant Name	Source of Income	Monthly Gross Income

**Assets (List all):**

Applicant Name	Name of Financial Institution	Asset type (i.e. checking)	Current Balance

**Vehicles:**

Make	Model	Color	License Number



