

# New Sunrise Properties, Inc.

## HOUSING APPLICATION

Number of Bedrooms Wanted (CHECK ONE):  One  Two  Three  Four Desired Occupancy Date \_\_\_\_\_

### PERSONAL INFORMATION

APPLICANT'S NAME: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security No. \_\_\_\_\_ Sex:  Male  Female

Number of Dependents \_\_\_\_\_ Ages of Dependents \_\_\_\_\_

Marital Status:  Married  Separated  Unmarried (incl. Single, Divorced, Widowed)

Are you a U.S. Citizen?  Yes  No If no, are you a resident alien?  Yes  No

CO-APPLICANT'S NAME \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security No. \_\_\_\_\_ Sex:  Male  Female

Number of Dependents \_\_\_\_\_ Ages of Dependents \_\_\_\_\_

Marital Status:  Married  Separated  Unmarried (incl. Single, Divorced, Widowed)

Is Co-Applicant a U.S. Citizen?  Yes  No If no, are you a resident alien?  Yes  No

### RESIDENCE HISTORY

PRESENT ADDRESS: \_\_\_\_\_  
(city) (State) (Zip Code)

Present Phone No: (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_

Length of Time at Present Address: \_\_\_\_\_ Years \_\_\_\_\_ Months

Present Landlord's Name: \_\_\_\_\_

Present Landlord's Address: \_\_\_\_\_

Amt. Of Monthly Rent \$ \_\_\_\_\_ Average Monthly Utilities (Gas & Electricity) Costs \$ \_\_\_\_\_

Why Do you want to move from your current address? \_\_\_\_\_

PREVIOUS ADDRESS \_\_\_\_\_

Length of Time at Previous Address \_\_\_\_\_ Years \_\_\_\_\_ Months

Previous Landlord's Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Previous Landlord's Address \_\_\_\_\_

Amt. Of Monthly Rent \$ \_\_\_\_\_ Average Monthly Utilities (Gas & Electricity) Costs \$ \_\_\_\_\_

Reason for Moving \_\_\_\_\_

LIST ALL PERSONS WHO WILL LIVE WITH YOU	GROSS MONTHLY INCOME	RELATIONSHIP TO APPLICANT	DATE OF BIRTH

Is the Applicant a full-time student? \_\_\_\_\_ Is the Co-Applicant a full-time student? \_\_\_\_\_

Do You Own Pets?  Yes  No If yes, what type \_\_\_\_\_

Do you desire a housing unit adapted for a wheelchair?  Yes  No

Do you receive Section 8 rental subsidy?  Yes  No

**INCOME AND EMPLOYMENT INFORMATION**

*Applicant's Employer* \_\_\_\_\_ Length of Employment \_\_\_\_\_ Years \_\_\_\_\_ Months  
 Employer's Address \_\_\_\_\_ Employer's Phone No. \_\_\_\_\_  
 What is your Supervisor's Name? \_\_\_\_\_  
 What is your Job Classification or Position Held? \_\_\_\_\_ Gross Monthly Income \$ \_\_\_\_\_  
 Applicant's Previous Employer \_\_\_\_\_ Length of Employment \_\_\_\_\_ Years \_\_\_\_\_ Months  
 Employer's Address \_\_\_\_\_ Employer's Phone No. \_\_\_\_\_  
*Co-Applicant's Employer* \_\_\_\_\_ Length of Employment \_\_\_\_\_ Years \_\_\_\_\_ Months  
 Employer's Address \_\_\_\_\_ Employer's Phone No. \_\_\_\_\_  
 What is your Supervisor's Name? \_\_\_\_\_  
 What is your Job Classification or Position Held? \_\_\_\_\_ Gross Monthly Income \$ \_\_\_\_\_  
 Co-Applicant's Previous Employer \_\_\_\_\_ Length of Employment \_\_\_\_\_ Years \_\_\_\_\_ Months  
 Employer's Address \_\_\_\_\_ Employer's Phone No. \_\_\_\_\_

**OTHER MONTHLY INCOME**

SOURCE	AMOUNT RECEIVED BY APPLICANT	AMOUNT RECEIVED BY CO-APPLICANT	AMOUNT RECEIVED BY OTHER FAMILY MEMBER(S)
GROSS SALARY/WAGES			
GROSS SALARY/WAGES			
SELF EMPLOYMENT INCOME			
RETIREMENT			
PENSION			
ANNUITIES			
RENTAL INCOME			
INTEREST INCOME			
STOCK DIVIDENDS			
SOCIAL SECURITY			
UNEMPLOYMENT COMP.			
WELFARE (ADC)			
WELFARE (GA)			
CHILD SUPPORT			
ALIMONY			
OTHER			

COMBINED TOTAL MONTHLY INCOME FOR ALL HOUSEHOLD MEMBERS \$ \_\_\_\_\_

COMBINED TOTAL ANNUAL FAMILY INCOME \$ \_\_\_\_\_

