



Rental Eligibility Application (REA)

Property Name: _____ Unit #: _____

Effective Date of Certification: _____ Original Certification Date: _____

Certification Type: Move-In Annual Re-cert. Transfer Interim

Household Size: _____ # of Bedrooms: _____

HOUSEHOLD COMPOSITION				
Hshld Mbr	Name	Birth date	Social Security #	Full time Student Next 12 Months?
Head				Yes / No
2.				Yes / No
3.				Yes / No
4.				Yes / No
5.				Yes / No
6.				Yes / No
7.				Yes / No
8.				Yes / No

Household Member's Name _____

Current Employer _____ Phone _____

Address _____

Position _____ Hire Date _____

Supervisor _____ Salary _____

Household Member's Name _____

Current Employer _____ Phone _____

Address _____

Position _____ Hire Date _____

Supervisor _____ Salary _____