

Mountain Opportunities Corporation

433 Baltimore Avenue, Clarksburg, WV 26301

304-623-3322 ext. 37

Fax: 304-623-5604

RENTAL APPLICATION

A valid driver's License or other form of government I.D. is required at the time of application along with a copy of your Social Security Card and an application fee of \$16.00 that covers the cost of criminal background and credit checks.

Application Date: ____/____/____		APPLICATION NUMBER or ID		Application Time: ____ : ____ am/pm	
APPLICANT INFORMATION					
LEGAL NAME OF APPLICANT – FIRST Last		MIDDLE		SS#	
CURRENT ADDRESS		CITY		STATE and ZIP	
DATE OF BIRTH	OCCUPATION – Full or Part Time	GENDER	HOME PHONE	CELL PHONE	
EMPLOYER	M ____ F ____	EMPLOYER ADDRESS			
HOW LONG ON JOB	EMPLOYER CONTACT NUMBER	IN CASE OF EMERGENCY NOTIFY			
CURRENT LANDLORD	LANDLORD PHONE	YEARS WITH LANDLORD		LEASE EXPIRATION DATE	
CURRENT RENT	AUTO LIC PLATE	DO YOU OR ANY MEMBER OF YOUR FAMILY HAVE NEED FOR A UNIT DESIGNED SPECIFICALLY FOR PERSONS WITH DISABILITIES? No ____ Yes ____ (please explain below)			
# Bedrooms Requested 1 Bedroom ____ 2 Bedroom					
PROPOSED OCCUPANT(S) INFORMATION					
NAME	RELATIONSHIP	GENDER	AGE	SOCIAL SECURITY NUMBER	
NAME	RELATIONSHIP	GENDER	AGE	SOCIAL SECURITY NUMBER	
NAME	RELATIONSHIP	GENDER	AGE	SOCIAL SECURITY NUMBER	
NAME	RELATIONSHIP	GENDER	AGE	SOCIAL SECURITY NUMBER	
NAME	RELATIONSHIP	GENDER	AGE	SOCIAL SECURITY NUMBER	
APPLICANT'S REFERENCES (OTHER THAN RELATIVES)					
1.	NAME	Address			PHONE
2.					
APPLICANT'S BANK REFERENCES					
Name/Address of Institution					
CHECKING					
SAVINGS.					
CREDIT CARDS/OTHER					

YOUR CREDIT HISTORY

Have you declared bankruptcy in the past seven (7) years? Yes ____ No ____

Have you ever been or are you being evicted from a rental residence? Yes ____ No ____

Have you had two or more late rental payments in the past year? Yes ____ No ____

ADDITIONAL SOURCES OF INCOME

If you have other sources of income for us to consider, please list income, source, and person (banker, employer, etc.) who we may contact. You do not have to reveal alimony, child support, or spouse's annual income unless you want us to consider it in this application.

1. _____ 3.

2. _____ 4.

Mountain Opportunities Corporation
 433 Baltimore Avenue, Clarksburg, WV 26301
 304-623-3322 ext. 37
 Fax: 304-623-5604

(List all anticipated income to be received by ALL members of the household during the next twelve months.)

HOUSEHOLD INCOME:

SOURCE OF INCOME	NAME & ADDRESS OF SOURCE	ANTICIPATED ANNUAL GROSS INCOME
Wages		
Salaries		
Overtime Pay		
Commissions		
Fees		
Tips		
Bonuses		
Businesses		
Rental Property		
Interest/Dividends		
Annuities		
Social Security		
Pensions		
Retirement Funds		
Insurance Policies		
Disability Benefits		
Death Benefits		
Unemployment Compensation		
Disability Compensation		
Workmen's Compensation		
Severance Pay		
Alimony Payments		
Child Support Payments		
VA Benefits		
Education Grants or Scholarships		
Armed Forces Payments		
Public Assistance		
Adoption Incentive Payments		
(Other) Not Included Above		

Is anyone in this household a Full-Time Student? Yes No

ASSETS:
 (List the value of all net family assets)

ASSETS	NAME & LOCATION	VALUE
Checking Accounts		
Savings Accounts		
Certificate of Deposit		
Real Properties		
Stocks and Bonds		
Annuities		
IRA's		
Cash Value of Whole Life Insurance		
Personal Property held as Investments		
Divestiture of any assets for less than fair market value within the last 2 years		

UNUSUAL EXPENSES AND MEDICAL EXPENSES:

Do you pay for child care due to employments? Yes No Weekly Cost \$ _____
 (only for children 12 years of age and younger)

Is child care cost covered by AFDC? Yes No

Do you have Medicare? Yes No
 Does Medicare pay your doctor and drug bills? Yes No

Do you have other medical insurance? Yes No
 Give the name of the Insurance company and your policy number _____

Are you receiving medical assistance through Welfare? Yes No

If you pay any portion of the medical/drug costs you should supply us with the bills and the records of what was paid by you.

Mountain Opportunities Corporation

433 Baltimore Avenue, Clarksburg, WV 26301

304-623-3322 ext. 37

Fax: 304-623-5604

COURT RECORD AND RELATED INFORMATION:

Have you ever been convicted of a misdemeanor, felony or other charges? Yes _____ No _____ If yes, please explain: _____

Have you ever been convicted of any alcohol related activity? Yes _____ No _____ If yes, please explain: _____

Have you ever engaged in the sale of illegal drugs? Yes _____ No _____ If yes, please explain: _____

Do you currently engage in the use or sale of illegal drugs? Yes _____ No _____ If yes, please explain: _____

Have you ever been convicted of any illegal drug related activity? Yes _____ No _____ If yes, please explain: _____

Are you subject to registration on the sex offender registry? Yes _____ No _____ If yes, please explain: _____

ADDITIONAL INFORMATION: Please give us any additional information that might help the owner/management to evaluate your application.

I/We hereby warrant that all representations set forth above are true. To verify the above statements, I/We direct those persons named in this application to ask questions about me or us. I/We waive all rights of actions for consequences as a result of such information. I/We agree and authorize and give permission to the management company, owner or servicing company to perform a credit check and background check on me/us.

I recognize that as a part of your procedure for processing my application, an investigative consumer report may be prepared whereby information is obtained through personal interviews with others with whom I may be acquainted. This inquiry includes information as to my character, general reputation, personal characteristics and mode of living as permitted by state law.

Signature of Applicant _____ Date _____

Signature of other Adult in Household _____ Date _____

AUTHORIZATION Release of Information

I authorize an investigation of my credit, tenant history, banking and employment for the purposes of renting a house, apartment, or condominium from this owner, manager, broker, finder, agent or leasing company.

Name (please print) _____ Date _____

Signature _____ Date _____

Name of other Adult in Household (please print) _____ Date _____

Signature _____ Date _____

You will receive a letter in the mail if the application is not approved or accepted by the owner or agent.



Equal Housing Opportunity

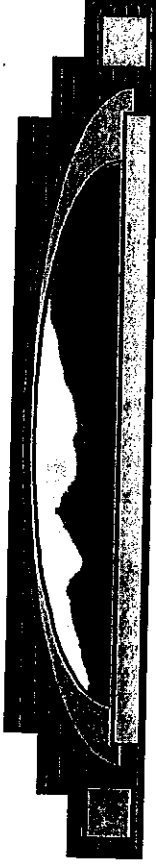
APPLICANT: PLEASE DO NOT WRITE BELOW (FOR OFFICE USE ONLY)

Credit Report Requested Date: _____ Review Date _____ by: _____ Approved Y _____ N _____

OFFICE NOTES:

Drivers Lic/ID _____ \$16 App Fee _____ / Receipt _____

SS Card _____ Copy of 2nd pg. Rent. Sel. _____



Mountain Opportunities Corporation
433 Baltimore Avenue
Clarksburg WV 26301
304-623-3322, Ext. 37

Tenant Information: Needs to be Completed by All Potential Occupants over 18 years of age
Print Full Name _____

Street Address	_____
City/State/Zip Code	_____
Signature:	_____

List All States Where You Have Lived

Landlord History

	ADDRESS OF RENTAL UNIT	FROM — TO	NAME AND ADDRESS OF LANDLORD	REASON(S) FOR LEAVING
PRESENT	_____ _____ _____		_____ _____ _____	
PREVIOUS (1)	_____ _____ _____		_____ _____ _____	
PREVIOUS (2)	_____ _____ _____		_____ _____ _____	
PREVIOUS (3)	_____ _____ _____		_____ _____ _____	
PREVIOUS (4)	_____ _____ _____		_____ _____ _____	

PRESENT RENT AMOUNT: \$ _____

GAS UTILITY: \$ _____

ELECTRIC UTILITY: \$ _____

WATER & SEWAGE UTILITY: \$ _____

