

**\$30.00 Non-Refundable  
Application Fee Required  
For Each Adult Applicant  
MONEY ORDERS ONLY PLEASE**



Date & Time Stamp

**700 GENEVA AVE CHESAPEAKE VA 23323  
(757) 673.6719 FAX: (757) 673.6721 TDD: 7-1-1 (VA RELAY)  
www.crhava.org**

**Application Date:** \_\_\_\_\_  
**Size Unit Needed:** \_\_\_\_\_  
**Date Needed:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_  
**Home Phone:** \_\_\_\_\_  
**Cell Phone:** \_\_\_\_\_  
**E-mail:** \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Former Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Former Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Employer \_\_\_\_\_

Employer \_\_\_\_\_

Employment Date \_\_\_\_\_ Salary \_\_\_\_\_ Position \_\_\_\_\_

Employment Date \_\_\_\_\_ Salary \_\_\_\_\_ Position \_\_\_\_\_

Other Source of Income: Amount \$ \_\_\_\_\_

Other Source of Income: Amount \$ \_\_\_\_\_

**All sources and amounts of income must be listed and will be verified by CRHA.**

List all persons who will occupy unit. Include social security numbers and date of birth for each family member.

|                     | Relationship To   | Social Security # | D.O.B. |
|---------------------|-------------------|-------------------|--------|
| Head of Household   | Head of Household | _____             | _____  |
| Spouse/Co-Applicant | _____             | _____             | _____  |
|                     | _____             | _____             | _____  |
|                     | _____             | _____             | _____  |
|                     | _____             | _____             | _____  |
|                     | _____             | _____             | _____  |
|                     | _____             | _____             | _____  |

Emergency Contact Person: \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone # \_\_\_\_\_

Personal References: \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone # \_\_\_\_\_

Rental Reference: \_\_\_\_\_

Current Landlord \_\_\_\_\_ Apartment Name \_\_\_\_\_ Telephone # \_\_\_\_\_

Have you or anyone on this application ever been convicted of any crime other than traffic violations? Yes \_\_\_ No \_\_\_

Have you or anyone on this application ever rented from Chesapeake Redevelopment & Housing Authority? Yes \_\_\_ No \_\_\_

**WARNING: Section 1001 of Title 18 U.S. Code makes it a criminal offense to make willful false statements or representations to any department or agency of the U.S. as to any matter within it's jurisdiction.**

I hereby authorize the agency of these premises, his agent or Representative to verify any statement made herein and to obtain a criminal background & credit report from any credit reporting agency and to interview third parties, such as business associates and financial sources.

Signature \_\_\_\_\_

Signature \_\_\_\_\_

**FOR OFFICE USE ONLY**

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date requesting Credit/Criminal Report: \_\_\_\_\_

Felony Conviction: No: \_\_\_ Yes: \_\_\_

If yes, type and date: \_\_\_\_\_

Rev: 05/16



Approved \_\_\_ Not Approved \_\_\_

Reason Not Approved \_\_\_\_\_