

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

Meadow Landing North



Date & Time Stamp

**3001 WELCOME ROAD CHESAPEAKE, VA 23324
(757) 233.6728 FAX: (757) 233.6729 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: 6/20/16



Approved ___ Not Approved ___
Reason Not Approved _____