

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

*Narrow & Anderson
Street Apartments*

1745 Acorn Street
Chesapeake, VA 23324
(757) 233-6810



Date & Time Stamp

Chesapeake Redevelopment & Housing Authority Rental Application

www.crhava.org

Application Date: _____
Size Unit Needed: _____
Date Needed: _____

Work Phone: _____
Home Phone: _____
Cell Phone: _____
E-mail: _____

Name

Address City State Zip

Former Address City State Zip

Employer

Employment Date Salary Position
Other Source of Income: Amount \$ _____

Name

Address City State Zip

Former Address City State Zip

Employer

Employment Date Salary Position
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	_____	_____
_____	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 ____

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, or his agent or Representative to verify any statement made herein and to obtain a credit report from any credit reporting agency and to interview third parties, such as business associates and financial sources.

Signature _____ Signature _____

Notes: _____

Date requesting Credit/Criminal Report: _____
Felony Conviction: No: ____ Yes: ____
If yes, type and date: _____



Approved ____ Not Approved ____
Reason Not Approved _____