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

Twin Creek Apartments

1331 MacDonald Road
Chesapeake, VA 23325
(757) 233-6724

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 Head of Household	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:_____

EQUAL HOUSING OPPORTUNITY

Approved ____ Not Approved _____
Reason Not Approved _____

Rev: 11/12