

**NARROW APARTMENTS
1745 ACORN STREET
CHESAPEAKE, VA 23324
(757) 233-6716 Fax (757) 233-6804**

**Chesapeake Redevelopment & Housing Authority
Rental Application**

**\$10.00 Non-Refundable
Application Fee Required**

Application Date: _____ **Size unit Needed:** _____ **Work Phone:** _____
Date Needed: _____ **Home Phone:** _____

Name				Spouse/Co Applicant			
Current Address	City	State	Zip	Current Address	City	State	Zip
Former Address				Former Address			
Employer				Employer			
Employment Date				Employment Date			
Position		Salary		Position		Salary	

Other Source of Income _____ **Amount** _____ **Other Source of Income** _____ **Amount** _____

List all persons who will occupy unit. Include Social Security numbers

Name	Relationship	SS#	Date of Birth
Head of Household			

Emergency Contact Person: _____
Name Address Telephone#

Personal Reference: _____
Name Address Telephone #

Rental Reference: _____
Current Landlord Apt. Name Telephone #

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 _____ Date _____ Signature _____ Date _____

Notes:

Date Requesting Credit Report: _____ Date Returned : _____

Date Requesting Criminal History Report: _____ Date Returned: _____

Felony Conviction: No _____ Yes _____ If Yes, date and type of conviction: _____

Approved: _____ Not Approved: _____ Reason Not Approved: _____