



Date of Application:
Apartment Preference (Please circle one): One Bedroom      Two Bedroom

**Personal Information (for Primary Tenant)**

Full Name of Applicant:		
SSN:	Date of Birth:	Phone Number:
Present Home Address:		
Name of Present Landlord:		Phone #:
Reason for Leaving:		
Previous Home Address:		
Name of Previous Landlord:		Phone #:
Reason for Leaving:		

**Information for Additional Proposed Occupants**

Name:	Relationship:	Age:
Name:	Relationship:	Age:
Name:	Relationship:	Age:

**Vehicle Information (limit of two vehicles per apartment)**

Year:	Make:	Model:	Color:	Plate #
Year:	Make:	Model:	Color:	Plate #

**Pet Information:** There is a limit of one small dog OR cat per apartment. There will be a non-refundable deposit equal to one-half of the rent amount to be paid in full before move-in.

Name:	Breed:	Color:	Licensed? Y or N
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**Employment Information**

Current Employer:	Phone #:
Additional Income Source	Current Monthly Income:

**Emergency Contacts**

Name:	Relationship:	Phone #:
Name:	Relationship:	Phone #:
Name:	Relationship:	Phone #:

**Additional Comments**

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*Continued on next page...*

<b>Has the Applicant (Primary Tenant) Ever:</b>		
Been convicted of a felony?	Y N	Details:
Been arrested for drug related crimes?	Y N	Details:
Been sued for unpaid debt?	Y N	Details:
Damaged rental property?	Y N	Details:
Moved while still owing rent?	Y N	Details:
Been taken to court by a former landlord?	Y N	Details:
Is the total move-in amount (first month's rent plus deposit) available at this time?	Y N	
<p><b>Please read and initial before signing application:</b></p> <ul style="list-style-type: none"> <li>• I hereby authorize DCAI Foundation to contact past and present landlords, employers, and any other sources deemed necessary to investigate the applicant._____</li> <li>• I hereby grant DCAI Foundation authorization to check my credit history in order to determine my ability to pay future rent payments._____</li> <li>• All information is true, complete, and accurate to the best of my (the applicant's) knowledge._____</li> <li>• I understand that if my application is accepted, I will be required to submit two current forms of ID._____</li> </ul> <p><i>DCAI Foundation retains the right to disqualify applicant if any information is found to be inaccurate or fraudulent.</i></p> <p><b>*Application is valid for one year from date of submission. All applications older than one year will be securely disposed of by DCAI.</b></p>		
Signature of Applicant:	Date:	

Applicants are selected based off of application, if selected then undergo an interview process once an apartment is move in ready. We receive a large volume of applications and submission does not guarantee selection or an interview.

*Please Submit all Rental applications to **ONE** of the following.*

*Dropbox by front door **or** mail to;*

*DCAI Foundation  
ATTN: Accessible Housing Department  
300 Independence Drive  
Salem Mo. 65560*

*Drop off at DCAI Foundation Office. Red Brick building located at;*

*83S Hwy 49, Viburnum Mo.65566*

*Or Mail to  
DCAI Foundation  
ATTN: Accessible Housing Department  
PO Box 706  
Viburnum Mo 65566*