DCAI Foundation
Accessible Housing

Date of Application:
Apartment Preference (Must 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

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

References: Applicant understands that we may contact references.		
Name:	Relationship:	Phone #:
Name:	Relationship:	Phone #:
Name:	Relationship:	Phone #:

Additional Comments

Continued on next page...

Has the Applicant (Primary Tenant) Ever: Blanks will be discarded.		
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:
United States Citizen?	Y N	Details:
Missouri Resident?	Y N	Years as Missouri Resident:
Is the total move-in amount (first month's rent plus deposit) available at this time?		Y N

Please read and initial before signing application:

- I hereby authorize DCAI Foundation to contact past and present landlords, employers, and any other sources deemed necessary to investigate the applicant.____
- I hereby grant DCAI Foundation authorization to check my credit history in order to determine my ability to pay future rent payments.____
- All information is true, complete, and accurate to the best of my (the applicant's) knowledge.____
- I understand that if my application is accepted, I will be required to submit two current forms of ID.____

DCAI Foundation retains the right to disqualify applicant if any information is found to be blank, inaccurate or fraudulent.

***Application is valid for one year from date of submission. All applications older than one year will be securely disposed of by DCAI Foundation.**

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. DCAI Foundation retains the right to discard applications that contain false/incomplete information. We do not contact or interview until we have an apartment move-in ready.

Applicants are not contacted except in the case of selection for 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