



Rental Application

This application is for a one-year term at:

_____ ☐ SARASOTA ☐ LEE ☐ ORANGE ☐ COLLIER
_____ ☐ CHARLOTTE ☐ POLK ☐ MANATEE

Applicant's Name:	Date:
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The following information requested is part of the residence qualification process.
The information provided will remain confidential.

Last Name:	First Name:	M.I.
DOB:	SSN:	Gender:
Applicant is applying for apartment type with:		
One Bedroom	Two Bedroom	Three Bedroom Four Bedroom

Marital Status: (Check one) Married Divorced Single Separated Widowed

City of Birth: _____ State of Birth: _____

Current Residential Status: Own home Rent Home/Apt Living with family Homeless

Other, Please Specify: _____

Current Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Email: _____

Name of Support Coordinator (if assigned): _____

Agency/Program: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Email: _____

Name of Emergency Contact: _____

Agency/Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Email: _____

CASL Rental Application

Applicant's Name:

Financial Status

Annual Gross Income:	Unemployment Amount:
SSD Amount:	SSI Amount:
TANF Amount:	Monthly Wages Amount:

Public Assistance Amount:
Examples: Food Stamps and/or WIC

Sources and Amounts of current and anticipated annual income including, but not limited to checking, assets, savings, child support, annuities, etc. expected to be derived during the twelve-month certification period.

Sources of Annual Income	Current and/or Anticipated Amount
	\$
	\$
	\$
	\$
	\$

Current Employer

Employer: _____

Position: _____ How long: _____

Supervisor: _____ Business Phone: _____

Annual Gross Income: \$ _____

If enrolled in school, please provide the name of the school:

Check appropriate box: Not Attending School Full-Time Student Part-Time Student

Applicant's Name: _____

Certification Questionnaire

Please circle YES or NO for every item listed below. If you answer YES, enter the amount received ANNUALLY under the appropriate Household member's name.

Does any Household Member have or expect to have:	Head	#2	#3
Checking Account (If yes, enter the balance)	Yes No \$	\$	\$
Savings Account	Yes No \$	\$	\$
Cash on Hand	Yes No \$	\$	\$
Certificate of Deposits	Yes No \$	\$	\$
Company Retirement Acct.	Yes No \$	\$	\$
IRA/Keogh Accounts	Yes No \$	\$	\$
Life Insurance Policies	Yes No \$	\$	\$
Money Market Funds	Yes No \$	\$	\$
Pension Funds	Yes No \$	\$	\$
Safe Deposit box, at home, etc.	Yes No \$	\$	\$
Stocks and Bonds	Yes No \$	\$	\$
Treasury Bills	Yes No \$	\$	\$
Trust Accounts	Yes No \$	\$	\$
If yes, is it irrevocable?	Yes No		
House/Real Estate	Yes No \$	\$	\$
Rental Property	Yes No \$	\$	\$
Coin collections, antique cars, stamps, jewelry or gems, or any other items held as an investment? (this does not include wedding rings and other personal jewelry)	Yes No \$	\$	\$
Capital Gains	Yes No \$	\$	\$
Inheritances	Yes No \$	\$	\$
Insurance Settlements	Yes No \$	\$	\$
Lottery or other Winnings	Yes No \$	\$	\$
Social Security Disability Settlements	Yes No \$	\$	\$
Unemployment Compensation Settlement	Yes No \$	\$	\$
Veteran's Disability Settlements	Yes No \$	\$	\$
Worker's Comp Settlements	Yes No \$	\$	\$
Wages, Salary, thru Employment	Yes No \$	\$	\$
Does any member work for someone who pays them cash?	Yes No \$	\$	\$
Alimony	Yes No \$	\$	\$
Child Support	Yes No \$	\$	\$
Public Assistance or AFDC	Yes No \$	\$	\$
Regular pay as a member of the armed forces	Yes No \$	\$	\$
Self Employment	Yes No \$	\$	\$
Social Security/SSI	Yes No \$	\$	\$
Unemployment benefits or severance pay	Yes No \$	\$	\$
Veteran's benefits	Yes No \$	\$	\$
Worker's Compensation benefits	Yes No \$	\$	\$
Annuities Income	Yes No \$	\$	\$
Disability or Death Benefits	Yes No \$	\$	\$
Retirement Income	Yes No \$	\$	\$
Regularly Recurring monetary gifts from individuals not living in the unit or organizations such as churches (include rent, utilities, groceries, etc)	Yes No \$	\$	\$

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Applicant's Name: _____

Nearest Relative Not Living with You

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Life Skills and Medical Questions

Yes	No	Life Skills and Medical Questions
		Applicant has a developmental disability as defined by Florida Statute 393. If so, provide diagnosis: _____
		Applicant has In-Home, live-in support. If yes, provide name of agency or name of person: _____
		Applicant is able to self-medicate without supports in place.
		Applicant require 24/7 supervision.
		Applicant is not a danger to self or others.
		Applicant is able to perform all daily living activities safely without supports
		Applicant is capable of shopping for their dietary needs without supports.
		Applicant is capable of cooking his/her own meals safely without supports in place.
		Applicant is mobile without supports in place.
		Applicant owns own car/vehicle.
		Applicant needs other forms of transportation to maintain daily routines.
		Applicant receives Medicaid Waiver Home and Community Based Services Funding.
		Applicant has a pet or is interested in having a pet during the rental agreement.
		Applicant has been convicted of a felony. If yes, please explain: _____
		Applicant has chosen a roommate. If yes, provide name of roommate: _____

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Applicant's Name:

Under penalty of perjury, I certify that the information provided in this Application is true and correct to the best of my knowledge. Management and representatives of by Community Assisted and Supported Living, Inc (CASL) is authorized to verify the references, employment and information provided in this Application. I must adhere to the background and financial screening policies (with no criminal convictions in the past 10 years) and have the ability to live safely and independently or have a support system in place to live independently. I acknowledge receipt of a copy of this application.

Applicant's Signature_____
Date

IT IS AGAINST THE LAW TO DISCRIMINATE AGAINST PROSPECTIVE TENANTS ON THE BASIS OF RACE, RELIGION, NATIONAL ORIGIN, AGE, DISABILITY OR FAMILY STATUS. LOCAL OR STATE LAWS MAY INCLUDE ADDITIONAL CLASSES WHICH ARE PROTECTED FROM DISCRIMINATION IN HOUSING.

The information provided by the prospective tenant may be used CASL to determine whether to accept this Application. Upon written request within 60 days, CASL, will disclose to the Applicant, in writing, the nature and scope of any investigation CASL has requested and will, if the Application is refused, state in writing the reason for the refusal.

☐ Accepted☐ Refused

By: _____ Date: _____