



Public Housing Program & Low Income Housing Tax Credit Program
Rental Application

1301 Simon Bolivar Ave. ♦ New Orleans, LA 70113 ♦
Telephone (504)-529-3392 - Facsimile (504) 529-6871

The information below will be used to determine whether you qualify as a tenant. It will not be disclosed without your consent except to employers for verification of income and employment and to financial institutions for verifications of assets, and as required and permitted by law. You do not have to provide the information. However, if you do not, your tenant application may be delayed or rejected. **Applications must be submitted by mail ONLY to: Guste Homes RMC, 1301 Simon Bolivar Ave., New Orleans, LA 70113. Please do not leave any blanks. If the question does not apply, please place an N/A in that box**

Please indicate the property you are applying for: () Guste I () Guste III () All properties prequalified for

Applicant Information

Applicant Name			Home Phone	
Present Street Address (Include City, State, and Zip Code)			# of years at present address	
Former Street Address (if less than 3 years at present address)			# of years at former address	
Mailing Address (Include City, State, and Zip Code)			EMAIL ADDRESS:	
Social Security Number	Date of Birth	Place of birth	Marital Status (circle one) Single Married Divorced Widowed	
Emergency Contact Person:		Relationship	Home Phone #	Cell Phone #

Co-Applciant Information

Co-Applciant Name			Home Phone	
Present Street Address (Include City, State, and Zip Code)			# of years at present address	
Former Street Address (if less than 3 years at present address)			# of years at former address	
Social Security Number	Date of Birth	Place of birth	Marital Status (circle one) Single Married Divorced Widowed	

Rental History

<u>Current Landlord</u>	<u>Address Rented</u>	<u>Phone Number</u>
<u>Number of Years</u>	<u>Reason for Moving</u>	

HOUSEHOLD INFORMATION: Please list each person’s name and provide information below of all persons who will be living with you.

	Full Name	Relationship	DOB	AGE	SEX	SOCIAL SECURITY #	Student Status	Receiving any income
HOH		SELF					Student Status □ F/T □ P/T □ N/A	□ Yes □ No
2							Student Status □ F/T □ P/T □ N/A	□ Yes □ No
3							Student Status □ F/T □ P/T □ N/A	□ Yes □ No
4							Student Status □ F/T □ P/T □ N/A	□ Yes □ No
5							Student Status □ F/T □ P/T □ N/A	□ Yes □ No
6							Student Status □ F/T □ P/T □ N/A	□ Yes □ No
7							Student Status □ F/T □ P/T □ N/A	□ Yes □ No
8							Student Status □ F/T □ P/T □ N/A	□ Yes □ No



“Equal Housing Opportunity”

Revised 4/2025



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Do you expect a change in your family size? ☐ Yes ☐ No If yes, when? _____
Type of Change _____

Are any household members listed above foster children? ☐ Yes ☐ No If yes, who? _____

Are any household members listed above live-in attendants? ☐ Yes ☐ No If yes, who? _____

Are any household members planning to attend school full-time? ☐ Yes ☐ No If yes, who? _____

Have you ever lived in Public Housing before? ☐ Yes ☐ No If yes, where? _____

Did you leave owing a balance? ☐ Yes ☐ No Reason for moving: _____

Has any person listed on this application ever been evicted from public housing or any federal assisted program? ☐ Yes ☐ No

If so, was the eviction due to drug related activity or criminal activity? ☐ Yes ☐ No

Is any person on this application currently engaged in illegal use of drugs or alcohol? ☐ Yes ☐ No

Does any person on this application have a lifetime registration requirement under a State Sex Offender Registration Program? ☐ Yes ☐ No

Does any person on this application have a history of criminal activity within the last 3 years? ☐ Yes ☐ No

If yes, date of arrest and charge? _____

Does any person on this application have any convictions for drug related criminal activity for the manufacture or production of methamphetamine on or off the premises of Federally Assisted Housing? ☐ Yes ☐ No

Do you currently have a Section 8 voucher? ☐ Yes ☐ No

FEDERAL PREFERENCES TO DETERMINE WAITING LIST PLACEMENT

Please review the following descriptions and indicate whether one or more of these circumstances apply to your situation.

INVOLUNTARY DISPLACEMENT

☐ Check this box if you have moved or will have to move through no fault of your own and as a result, do not have permanent replacement housing. **Do not check this box if you have been evicted.**

SUBSTANDARD HOUSING/HOMELESS

☐ Check this box if you current housing is in very poor condition; for example lacks adequate plumbing (toilet, tub/shower, sink), heat, or electrical service, has been declared substandard by a government agency, or you are staying at a shelter or are homeless and living on the street.

RENT EXCEEDS 50 PERCENT OF INCOME

☐ Check this box if your rent plus utility payments are more than 50 percent of your monthly gross income.

LOCAL PREFERENCES TO DETERMINE WAITING LIST PLACEMENT

EMPLOYMENT

☐ Check this box if the head or co-head of your household is employed for 30 hours or more a week in a permanent position (at least 6 months) or if the head, spouse, or sole member of the household is age 62 or older, or is a person with disabilities.

☐ Check this box if the head, spouse or sole adult member works 25 to 29 hours per week.

☐ Check this box the head, spouse or sole adult member works 20 to 24 hours per week.

☐ Check this box if the head, spouse or sole adult member works 19 hours or less per week.

☐ Check this box if the head, spouse or sole adult member is participating in a job training program AND works 20 hours or less per week.

STUDENT STATUS

☐ Check this box if you are a full time student. (12 or more credit hours)

NO PREFERENCES CLAIMED

☐ CHECK THIS BOX IF YOU DID NOT CLAIM ANY OF THE PREFERENCES ABOVE.





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DOMESTIC VIOLENCE

☐ Check this box if any family member listed on this application is a victim of domestic violence. Documentation must be provided stating the victim is under fortification of a service provider.

ARE YOU CURRENTLY EMPLOYED? ☐ YES ☐ NO

CURRENT EMPLOYMENT INFORMATION

Applicant's Name		Occupation	Work Phone	
Name and Address of Employer		City	State	Zip Code
Hourly Pay \$	Total # of Hours Worked per Week	Supervisor's Name:		How long have you been employed with this company?

Co-Applicant's Name		Occupation	Work Phone	
Name and Address of Employer		City	State	Zip Code
Supervisor's Name				
Hourly Pay \$	Total # of Hours Worked per Week	Supervisor's Name:		How long have you been employed with this company?

Additional Household Member's Name		Occupation	Work Phone	
Name and Address of Employer		City	State	Zip Code
Hourly Pay \$	Total # of Hours Worked per Week	Supervisor's Name:		How long have you been employed with this company?

Additional Household Member's Name		Occupation	Work Phone	
Name and Address of Employer		City	State	Zip Code
Hourly Pay \$	Total # of Hours Worked per Week	Supervisor's Name:		How long have you been employed with this company?

Additional Household Member's Name		Occupation	Work Phone	
Name and Address of Employer		City	State	Zip Code
Hourly Pay \$	Total # of Hours Worked per Week	Supervisor's Name:		How long have you been employed with this company?





OTHER SOURCE OF INCOME

Does anyone in your household receive income from any of the following? Please mark “yes” or “no” for each source of income.

Source – Employment	Check One	Source - Benefits/ Pensions One	Check	Source – Other	Check One
Second job	<input type="checkbox"/> Yes <input type="checkbox"/> No	Workers Compensations	<input type="checkbox"/> Yes <input type="checkbox"/> No	Grants	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bonuses	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unemployment	<input type="checkbox"/> Yes <input type="checkbox"/> No	Scholarships	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tips	<input type="checkbox"/> Yes <input type="checkbox"/> No	Alimony	<input type="checkbox"/> Yes <input type="checkbox"/> No	Recurring Gifts	<input type="checkbox"/> Yes <input type="checkbox"/> No
Commissions/fees	<input type="checkbox"/> Yes <input type="checkbox"/> No	Child Support	<input type="checkbox"/> Yes <input type="checkbox"/> No	AFDC/TANF	<input type="checkbox"/> Yes <input type="checkbox"/> No
Overtime Pay	<input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you own a business	<input type="checkbox"/> Yes <input type="checkbox"/> No				

For each “Yes” marked above, please complete the following:

Household Member Name	Amount Received	Source
	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly Salary \$ <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other	
	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly Salary \$ <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other	
	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly Salary \$ <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other	
	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly Salary \$ <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other	
	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly Salary \$ <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other	

HOUSEHOLD ASSESTS

Does anyone in your household have any of the following types of assets? Please mark “yes” or “no” for each type of asset.

Type of Asset one	Check	Type of Asset	Check one	Type of Asset	Check one
Checking Account	<input type="checkbox"/> Yes <input type="checkbox"/> No	Federal Tax Refund	<input type="checkbox"/> Yes <input type="checkbox"/> No	Revocable trust fund	<input type="checkbox"/> Yes <input type="checkbox"/> No
Saving Account	<input type="checkbox"/> Yes <input type="checkbox"/> No	Lottery Winnings	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mortgage/Note Held	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pre Paid Debit Card	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mutual Funds/Stocks*	<input type="checkbox"/> Yes <input type="checkbox"/> No	Whole Life Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No
Certificate of Deposit*	<input type="checkbox"/> Yes <input type="checkbox"/> No	Real Estate/Land*	<input type="checkbox"/> Yes <input type="checkbox"/> No	Personal Property Held	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cash	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mobile Payment App (CashApp etc)	<input type="checkbox"/> Yes <input type="checkbox"/> No	as Investment	

For each “Yes” marked above, please complete the following:

Household Member Name	Type of Asset	Financial Institution	Market Value	\$ Asset will earn in next 12 months



