

We appreciate your interest to live at one of our luxury establishments by the National Network Organization for Veterans, Inc. The Fair Housing Act prohibits discriminatory advertising practices in the sale or rental of housing. Advertising may not disclose a "preference, limitation or discrimination" based on any of the protected categories of persons. As an equal opportunity company, our rental practices are in accordance with the Fair Housing Act. Please email application to [info@nationalnov.org](mailto:info@nationalnov.org).



# National Network Organization For Veterans, Inc.

"Our Mission is to Deliver Veterans to Lead a  
Very Healthy and Comfortable Life."

## RENTAL APPLICATION



### Get Involved

To be completed by a potential resident. Please complete this rental application by typing or printing in ink. **INCOMPLETE** or **UNSIGNED** applications will not be considered. Email it to [info@nationalnov.org](mailto:info@nationalnov.org). Make sure you enter "Rental Application" in the subject line.



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Do you have a Driver's License? Yes  No

What is your means of transportation? \_\_\_\_\_

Driver's license number \_\_\_\_\_ State of issue \_\_\_\_\_  Operator  Commercial (CDL)  Chauffeur

Expiration date \_\_\_\_\_

How did you hear about us?

- Advertisement  Email/Newsletter  Employee Referral  Facebook  Family or Friend   
 LinkedIn  Magazine Article  Newspaper Story  Our Company Website  TV/Cable News   
 Twitter  Website/Search Engine  Youtube  Other  please explain: \_\_\_\_\_

## Voluntary Information

***The information is voluntary***

*This information is being requested in accordance with federal regulations.*

<b>Racial or Ethnic Group</b>	American Indian/Alaskan <input type="checkbox"/>	Asian/Pacific Islander <input type="checkbox"/>	African American/Black <input type="checkbox"/>
	Hispanic/Latino <input type="checkbox"/>	White/Caucasian <input type="checkbox"/>	Other <input type="checkbox"/>
<b>Gender</b>	Male <input type="checkbox"/>	Female <input type="checkbox"/>	
<b>Military Service</b>	Pre-Vietnam Era <input type="checkbox"/>	Vietnam Era <input type="checkbox"/>	Post-Vietnam Era <input type="checkbox"/>
			Disabled Veteran <input type="checkbox"/>
<b>How did you hear about us?</b>	Newspaper <input type="checkbox"/>	Company Employee <input type="checkbox"/>	Professional Publication <input type="checkbox"/>
	Job Fair <input type="checkbox"/>	Placement Office <input type="checkbox"/>	Website <input type="checkbox"/>
	Other <input type="checkbox"/>	_____	

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## Previous Employment

Starting with the most recent employer, list full and part time jobs, summer or volunteer work during the last 10 years. Include periods of military service, self-employment, and unemployment. **Please leave no unexplained gaps.** Attach separate sheet if necessary.

<b>1</b>	Last or Present Employer	Telephone
	Address	Employed (Month and Year) From _____ To _____
	Supervisor's Name and Title	Earnings Start _____ Last _____
	Job Title	Reason for leaving
	Describe your work	
	May we contact this employer?	Yes <input type="checkbox"/> No <input type="checkbox"/>

<b>2</b>	Last or Present Employer	Telephone
	Address	Employed (Month and Year) From _____ To _____
	Supervisor's Name and Title	Earnings Start _____ Last _____
	Job Title	Reason for leaving
	Describe your work	
	May we contact this employer?	Yes <input type="checkbox"/> No <input type="checkbox"/>

<b>3</b>	Last or Present Employer	Telephone
	Address	Employed (Month and Year) From _____ To _____
	Supervisor's Name and Title	Earnings Start _____ Last _____
	Job Title	Reason for leaving
	Describe your work	
	May we contact this employer?	Yes <input type="checkbox"/> No <input type="checkbox"/>

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## Education

	Name of School	City and State	Major Subject	Degree/ Diploma # of years attended
High School				
College/ University				
College/ University				
Trade/Business or Vo-Tech School				
Other				

List Awards, scholarships, honors received:

List professional certifications or designations, and date received:

Other special training or skills (machine operation, hobbies, etc.):

## References (Give the names of three persons not related to you, whom you have known at least one year).

Name: Occupation: Phone: Years Acquainted:

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**Notifications and useful information:** Before coming in for an interview, there are several things that we would like you to be aware of:

- You must take and pass a drug test before you will be considered for residency.
- Must be willing and able to present your DD214 for proof you served in the US military.
- Business casual dress is appropriate and highly recommended for interviews at any of our offices.
- Because of the safety policy by the National Network Organization for Veterans, Inc., no person can get approval for residency until after the completion of the appropriate security clearances.
- If you should be selected for an interview, you can help facilitate the scheduling by providing us with the best days and times that you might be available for an interview: \_\_\_\_\_  
\_\_\_\_\_
- Are there any accommodations that we can make to assist you (as a result of any disabilities you might have)? \_\_\_\_\_  
\_\_\_\_\_
- For certification or licensing, please bring your original license with you if you are invited for an interview.
- I certify that the information provided here is accurate. Signed \_\_\_\_\_  
Date \_\_\_\_\_

### Your Personal History

Have you ever?...

been asked to move out or evicted? Yes  No       broken a rental agreement or lease? Yes  No   
declared bankruptcy? Yes  No       been sued for nonpayment of rent? Yes  No   
been sued for damage to a rental unit? Yes  No       been convicted of a felony? Yes  No

### Your Vehicle

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_  
License Plate Number: \_\_\_\_\_ State: \_\_\_\_\_

### In Case of Emergency:

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

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**Do you have any of the following diagnosis or Health problems?**

**(A diagnosis or Health problems will not disqualify you for residency. Rather, such factors as the seriousness and nature of the diagnosis or Health problems, will help us determine which rehabilitation will be considered to enhance and restore functional ability and quality of life to those with physical and mental impairments or disabilities).**

Post-Traumatic Stress Disorder (PTSD)? Yes  No  Musculoskeletal injuries and pain Yes  No

Chemical exposure? Yes  No  Infectious diseases? Yes  No

Noise and vibration exposure? Yes  No  Traumatic Brain Injury (TBI)? Yes  No

Urologic injuries? Yes  No  Other? Yes  No

If other, please explain: \_\_\_\_\_

**I hereby state and represent that the information in this application is complete and accurate. I understand that in the event a lease is entered into it may be cancelled by the Landlord if any of the information provided in the application is materially inaccurate or incomplete. I hereby authorize the Landlord or Landlord's agents to verify the information on the application. Verification or re-verification of any information contained in the application will be retained by Landlord. I hereby authorize National Network Organization for Veterans, Inc. to obtain information about me, including, but not limited to, this application, my credit, my tenant history, my check writing history, any court records and/or my criminal record, and I hereby authorize & instruct any entity or person contacted by National Network Organization for Veterans, Inc. or the Landlord or Landlord's agents to release such information to them. Upon request, Landlord, Landlord's agents, or National Network Organization for Veterans, Inc. will provide the name & phone number of the source of the information used in the verification process.**

Rent Amount: \_\_\_\_\_ Security Deposit: \_\_\_\_\_ Lease Term: \_\_\_\_\_ Move-in date: \_\_\_\_\_

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**Non-Refundable Application Fee: \$ \_\_\_\_\_**

Signature \_\_\_\_\_ Date: \_\_\_\_\_