**HELP TO HOME, INC. RENTAL APPLICATION (1-27-2023)**

**Please Note: BEFORE completing this Application, you are required to have employment AND have enough money saved to pay for your first month rent AND Security Deposit of the same amount. If you require assistance for this funding then you should consider FIRST seeking funding through community social agencies such as Turning Points or The Salvation Army. You must also read and sign the attached 1) Release of Information 2) The Resident PROGRAM Pledge, and 3) Tenants Rules**

Name1:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other names (e.g. Maiden Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Apt:\_\_\_\_\_ City:\_\_\_\_\_\_\_\_\_\_\_ St:\_\_\_\_\_ Zip:\_\_\_\_\_\_\_

Cell PH.#1:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell PH #2:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email1:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email2\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SS#1\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SS#2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB#1:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB#2 \_\_\_\_\_\_\_\_\_\_\_

Driver’s Lic #1:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State.\_\_\_\_ Driver’s Lic #2:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_

**LIST CURRENT ADDRESS INFORMATION**

Present Lease Started:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rent Amt:\_\_\_\_\_\_\_\_\_\_\_\_

Landlord’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Landlord’s Ph.#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**LIST PREVIOUS ADDRESS**

Prior Landlord’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Prior Landlord’s PH.#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Prior Add: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_APT:\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_ST:\_\_\_\_\_ZIP:\_\_\_\_\_\_

Leased: (From)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(To):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**OCCUPANTS**

How many individuals (including Applicant) will occupy the Unit? Number is \_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relation \_\_\_\_\_\_\_\_\_ Age \_\_\_Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relation \_\_\_\_\_\_\_\_\_Age \_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relation \_\_\_\_\_\_\_\_\_ Age \_\_\_Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relation \_\_\_\_\_\_\_\_\_Age \_\_

**CURRENT EMPLOYMENT**

Employer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Ext.#\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Supervisor or person to contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

How Long On Job:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Salary/Wage $\_\_\_\_\_\_\_\_\_Wk\_\_\_\_\_\_1/2 Mo.\_\_\_\_\_ Mo. \_\_\_\_\_Yr.\_\_\_\_\_\_\_

**PREVIOUS EMPLOYMENT**

Employer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Ext.#\_\_\_\_\_

Supervisor or person to contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How Long On Job:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FINANCIAL**

Bank Name & Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Checking Y/N \_\_\_\_\_\_ Savings Y/N \_\_\_\_\_\_\_

What is the source of funding for 1st Month’s Rent \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Security Deposit \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What other income in addition to employment? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Amount $ \_\_\_\_\_\_\_\_ How often?\_\_\_\_\_\_\_

**OTHER**

Vehicles Year \_\_\_\_\_\_\_ Make \_\_\_\_\_\_\_\_ Model \_\_\_\_\_\_\_\_\_\_ Tag# \_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been evicted or served a Writ of Possession (giving 24 hour notice of eviction) by a Deputy Sheriff? Yes \_\_\_ No\_\_\_.

Who referred you to Help To Home, Inc. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Why do you want Help To Home, Inc. as your Landlord? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How were you referred to Help To Home? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sign#1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Sign#2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name#1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Printed Name#2:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NOTE: USE BACK OF THIS FORM TO COMPLETE ANSWERS AS NEEDED