



HELP TO HOME INC — RENTAL APPLICATION



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) Verification of Information 2) The Resident Program Pledge, and 3) Tenant Rules and Regulations.

First & Last Name 1: _____	First & Last Name 2: _____
Other / Maiden Names: _____	Other / Maiden names: _____
SS #1: _____	SS #2: _____
Driver's Lic #1: _____ State: _____	Driver's Lic #2: _____ State: _____
DOB #1: _____	DOB #2: _____
Cell PH #1: _____	Cell PH #2: _____
Email #1: _____	Email #2: _____

CURRENT ADDRESS INFORMATION

Address: _____ Apt: _____ City: _____ St: _____ Zip: _____

Landlord's Name: _____ Landlord's phone#: _____

Present Lease Started: _____ Rent Amount: _____ Shelter__ Program__ Regular lease __

Reason for moving: _____

PREVIOUS ADDRESS INFORMATION

Address: _____ Apt: _____ City: _____ St: _____ Zip: _____

Landlord's Name: _____ Landlord's phone#: _____

Leased: From date: _____ To date: _____ Rent Amount: _____ Shelter__ Program__ Regular lease__

Reason for moving: _____

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 (take home) \$ _____ Wk__ 1/2 Mo__ Mo__ Yr__

PREVIOUS EMPLOYMENT

Employer: _____ Phone #: _____ Ext.# _____
Address: _____ Supervisor or person to contact: _____
How Long on Job: _____ Salary/Wage (take home) \$ _____ Wk ___ 1/2 Mo ___ Mo ___ Yr ___

FINANCIAL

Bank #1 Name & Address: _____ Checking Y/N _____ Savings Y/N _____
Bank #2 Name & Address: _____ Checking Y/N _____ Savings Y/N _____
Funds you have now: Bank #1 _____ Bank #2 _____ Cash _____ Total _____
What is the source of funding for 1st Month's Rent _____ Security Deposit _____
What other income in addition to employment? _____ Amount \$ _____ How often? _____

VEHICLES

Vehicle #1: Year _____ Make _____ Model _____ Tag# _____
Vehicle #2: Year _____ Make _____ Model _____ Tag# _____

LEGAL

Have you ever been evicted or served a Writ of Possession (giving 24 hour notice of eviction) by a Deputy Sheriff? Yes ___ No ___ If Yes, when _____.

Have you ever been arrested? Yes ___ No ___ If Yes, for what? _____

Have you ever been convicted? Yes ___ No ___ If Yes, for what? _____

BACKGROUND

Who referred you to Help To Home, Inc. _____

Why do you want to be in the Help To Home, Inc. program? _____

The undersigned acknowledges that in the event that the information provided by me (us) is found to be misleading or false, my acceptance for this rental, lease or purchase, whether determination is made before or after my date of occupancy, may be affected.

I/we understand that by submitting this form with my/our name(s) below I/we have effectively signed this rental application.

First and Last Name #1 _____ **Date** _____

First and Last Name #2 _____ **Date** _____

Received by H2H _____ **Date** _____

NOTE: USE THE NEXT PAGE OF THIS FORM TO COMPLETE ANY ANSWERS AS NEEDED

When this form is complete, save it to your device,
then email it to HelptoHomeInc@gmail.com

THIS PAGE OPEN FOR CONTINUATION OF ANY ANSWERS TO THE ABOVE QUESTIONS: