



Apartment Application

This is a preliminary application for a Renewal House Recovery Community apartment. All applicants must meet established selection criteria. Information will be verified by management before an applicant is approved to rent. If accepted, this application will become part of the lease agreement. All information provided will be confidential.

Today's Date _____

1. Personal Information

Name _____ Age _____ Phone _____

Present Address _____

City _____ State _____ Zip _____

Date of Birth: _____ Social Security Number: _____

Driver's License Number: _____ Marital Status: _____

Anyone who would occupy the apartment with you:

First & Last Name	Relationship to you	Age	Sex

Are you in Recovery? Yes No If yes, how long? _____

What agency will provide your case management/support? _____

Agency Contact Name _____ Phone _____

Would you keep a vehicle (personal or company) at your apartment? Yes No

Make _____ Model _____ Year _____ Color _____ License _____

Have you ever been convicted of a misdemeanor or felony? Yes No

If yes, please explain _____

How did you locate Renewal House? _____

2. Personal Information

How long have you been at your present address? _____

If you're renting, how much is your rent? _____ How often do you pay? _____

Landlord's Name: _____ Phone: _____

Reason for moving: _____



3. Income

Please complete the following section about your household's income sources.

A. Do you receive SNAP benefits (food stamps)? Yes No

If yes, amount received: _____ How often do you receive it? _____

B. Do you currently work? Yes No

If yes, name of employer: _____ Position: _____

Typical amount of paycheck: _____ How often are you paid? _____

C. Do you receive child support, alimony, or regular gifts of money? Yes No

If yes, type of support: _____ For which person do you receive this? _____

Amount of support: _____ How often are you paid? _____

D. Do you receive TANF (Families First) benefits? Yes No

Amount of benefits : _____ How often are you paid? _____

E. Do you receive a benefit check (ie: SSI/SSDI, VA, Unemployment)? Yes No

If yes, who is the check from: _____

Amount of support: _____ How often are you paid? _____

F. Do you have savings/checking accounts, stocks, or other assets? Yes No

If yes, type of asset: _____ Name of company/bank: _____

Current value: _____ Amount of interest earned from asset? _____

G. Do you currently have a Section 8 or Shelter Plus Care certificate? Yes No

If yes, type of certificate: _____ Amount of certificate: _____

When does the certificate expire? _____

H. Is there any additional income sources for yourself or any other member of your household? Yes No

If yes, please describe the income source, the amount of income and the frequency with which you receive it: _____



4. References

List three (3) people not related to you by blood or marriage who we may contact as references:

<i>First & Last Name</i>	<i>Address</i>	<i>Telephone</i>	<i>Relationship to You</i>

5. Certification and Agreement

I certify that all the information above is complete, correct, and true to the best of my knowledge. I understand that false or misleading information may result in the rejection of my application. I also understand that completion of this application in no way guarantees that I receive rental housing. Further, I give permission to check any and all information and/or references contained herein, including but not limited to employers and landlords.

By signing below, I certify that I understand that a background check and drug screen is part of my application process.

Applicant Signature

Date

For Office Use Only

Number in Household: _____ Gross Total Household Annual Income: _____

Meets income requirements of RH: _____ Meets income limits for Davidson County: _____

Approved Disapproved

If approved, Apartment Number _____ Move-in Date: _____

If disapproved, reason _____
