

## FOR HEALTHY LIVING FOR SOCIAL RESPONSIBILITY

| Last Name                 | First Name                  | M.I.            |
|---------------------------|-----------------------------|-----------------|
|                           |                             |                 |
| Date of Birth             | Social Security #           | Telephone       |
|                           |                             |                 |
| Current Street Address    | City                        | State, Zip Code |
|                           |                             |                 |
| Previous Street Address   | City                        | State, Zip Code |
|                           |                             |                 |
| Length at Current Address | Have you ever been evicted? | Own or Rent     |
|                           |                             |                 |

## **Present Housing Information**

| Landlord or Agent name | Landlord Telephone Number |              |
|------------------------|---------------------------|--------------|
|                        |                           |              |
| Reason for Leaving     | Length of Rental          | Monthly rent |
|                        |                           |              |

## Employment/Income Information

| Present Employer Name                        | Position         |                  |  |  |
|--|------------------|------------------|--|--|
|  |                  |                  |  |  |
| Supervisor Name                              | Telephone Number |                  |  |  |
| ·  |                  |                  |  |  |
| Employer Address                             |                  | State , Zip Code |  |  |
|  |                  |                  |  |  |
|  |                  |                  |  |  |
| Employed                                     | Salary / Wages   | Per              |  |  |
| From To                                      |                  |                  |  |  |
| Other Income                                 | Amount           |                  |  |  |
| SSI Disability Retirement Other (circle one) |                  |                  |  |  |

## **Applicant Signature**

By signing, I authorize that the above information is correct and complete and authorize Landlord to obtain information it deems desirable in the processing of my application, including; credit reports, civil or criminal actions, rental history, employment/ salary details, police and vehicle records, and any other information. If I qualify for the program, I understand the information on this form may be maintained in a tenant database for up to five (5) years after I vacate the premises.