

# THE STREPHO HOUSE, INC.

## HOUSING PROGRAM PARTICIPATION APPLICATION FORM

How did you hear about us? \_\_\_\_\_

<b>Primary Applicant Name:</b> _____		
Social Security #: _____	Driver's License #: _____	
Date of Birth: _____	Contact Number: _____	
Make and Model of Vehicle: _____	License Plate #: _____	
<b>Income Information - Current Employer Name &amp; Address:</b> _____		
Job Title: _____	How Long? _____	Monthly Gross Income: _____
Supervisor Name & Phone: _____		
Name of your banking institution: _____	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings

<b>Secondary Applicant Name:</b> _____		
Social Security #: _____	Driver's License #: _____	
Date of Birth: _____	Contact Number: _____	
Make and Model of Vehicle: _____	License Plate #: _____	
<b>Income Information - Current Employer Name &amp; Address:</b> _____		
Job Title: _____	How Long? _____	Monthly Gross Income: _____
Supervisor Name & Phone: _____		
Name of your banking institution: _____	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings

**Please list Name, Age and Relationship of any others that will occupy the property.** Anyone over age 18 must complete the application

_____
_____
_____

### Residential History

Current Address: _____	City: _____	State: _____
How long at present address? _____	Why are you moving? _____	
Landlord Name and Phone: _____		

### Questions:

Have you ever had an eviction filed on you?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Explain _____
Have you broken a lease or been asked to move out?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Explain _____
Have you ever been convicted of any crime?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Explain _____
Have you declared Bankruptcy?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Year _____

### Personal and/or additional Character References: (Include address, phone and relationship)

1. _____
2. _____
3. _____

I, the undersigned applicant, certify that the answers I have given in this application are true and correct. I authorize and consent to the release of any information that the Executive Director may need to obtain a criminal background check or any other report necessary to verify the accuracy of my application or to determine my eligibility. I understand that if any part of my application has been falsified, it shall be grounds for denial of residency, or future eviction if discovered after moving into a property. I understand that a room will continue to be offered for occupancy until I have paid a deposit to hold the room for my move in. I understand that my deposit is NOT refundable if I cancel my application or it is discovered that I falsified my application to hide information that could have caused my application to be denied.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date