



**CALIFORNIA**  
**LIVE-IN House Manager**  
**Employment APPLICATION**  
 The Harmony House, LLC. / SLE

**Desired Position**

Position Your Applying For:

**PERSONAL INFORMATION:**

Full Legal Name:	
Social Security # (if not on other UMRI documents) :	
Best Phone # to reach you:	
Best Time To Call:	Preferred method of communication:
Email Address:	
Drivers Lic. # (If Applicable):	Year Of Birth (to verify 18+)

**RENTAL HISTORY: (If Applicable)**

\*Please List Your Most Recent Rental History\*

1. Current Address: Street:	City:	State:	Zip:
How Long Have You Been at This Address:			
Owners Name:		Owners #:	
Do you have Any Assistance Paying Rent at this Residence:			
If you answered "Yes" to the last Question; What assistance did you get?			
If Yes to the Question Above About What % of Rent Did You Pay (if not 100%):			
2. Current Address: Street:	City:	State:	Zip:
How Long Have You Been At This Address:			
Owners Name:		Owners #:	
Do you have Any Assistance Paying Rent at Residence:			
If you answered "Yes" to the last Question; What assistance did you get?			
If Yes to the Question Above About What % of Rent Did You Pay (if not 100%):			

**EMPLOYEMENT HISTORY (If Applicable)**

– those that are not CURRENTLY Employed Somewhere other than the HH will get \$1000 Per Month if this position would be a SECOND job then its \$500 Per Month.

1. Current Employer:	
Address:	
Supervisors Name:	Supervisors #:
How Long Were You There:	Why Did You Leave?:
2. Current Employer:	
Address:	
Supervisors Name:	Supervisors #:
How Long Were You There:	Why Did You Leave?:

\***Applicant:** I agree that the Information I have put on this Rental Application is True & Factual - Initial Here:



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**FINANCIAL HISTORY:**

Present Income Amount Per Month: \$:	
<b>Source(s) Of Income</b>	
First Source of Income:	Monthly Amount From this Source \$ : _____
*Income For: ( i.e. Food, Day To Day Needs)	
Second Source of Income:	Monthly Amount From this Source \$ : _____
*Income For: ( i.e. Food, Day To Day Needs)	
Third Source of Income:	Monthly Amount From this Source \$ : _____
*Income For: ( i.e. Food, Day To Day Needs)	
Fourth Source of Income:	Monthly Amount From this Source \$ : _____
*Income For: ( i.e. Food, Day To Day Needs)	
Any Other Sources of Income:	

**PETS:**

Do You Have ANY Pets:	Kind Of Pet/Breed:
Is It A Service Pet (with Papers)?:	Age:                      Sex:                      Weight:

**REFERENCES:**

Name:	How You Know Them:	Years Known:
Occupation:	Phone #:	
Name:	How You Know Them:	Years Known:
Occupation:	Phone #:	

**VEHICLE INFORMATION**

Vehicle # 1: (Make):	Model:	
Year:	Lic. Plate #:	Is your vehicle is currently Registered & Insured?
Please List Who Your Insurance Provider is:		

**PERSONAL HISTORY:**

Do You Currently Smoke:	(If Yes; ) List What You Smoke:
Have You Ever Been Evicted From a House?	
If Yes; When, & Why:	
Have You Ever Been Convicted Of A Felony?	If Yes; Explain:
Explain Your Criminal History Here:	



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**IN CASE OF EMERGENCY: List a Contact**

Contact Name:	Relation:
City / State they live in:	Phone #
Email:	

**PERSONAL COMMENTS / STATEMENT:**

\*State any other relevant information you would like a landlord to know and consider about you


\*Applicant represents that all the above statements are true and correct and hereby authorizes verification of the above statements and information including but not limited to the obtaining of a credit report and tenant history report and applicant agrees to furnish additional information Upon Request. Pets MUST be Service Animals with Documentation.

**APPLICANT SIGNATURE:**

Applicant:	Date:
The Harmony House Rep:	Date:

The Harmony House, LLC.  
Sober Living Environment



Office: 707.867.9029