



RISE TLP Application

Applicant Name: _____ DOB: _____ Age: _____
Race: _____ Gender: _____ SSC: _____

Email Address: _____ Cell Phone: _____

Case Manager Name: _____ Case Manager Phone: _____

Desired Time of Move-In: _____ **(What day would you like to move in?)**
Desired Length of Occupancy: _____ **(How long would you like to stay? 6mo
12m or 24m)**
Driver License #: _____

PLEASE FILL IN ALL FIELDS

Present Address:

City: _____ State: _____ Zip: _____
How long have you lived at this address? _____ E-Mail: _____
Why are you moving? _____
Current Rent: _____ Current Lease Expires: _____
Present Landlord Name(s): _____ Phone: _____

Vehicle Information:

Make: _____ Model: _____ Year: _____ Color: _____ License Plate #: _____



RISE Program Application (continued)

Personal Reference:

1.

	Address	City/State/Zip	Phone
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Nearest Relative:	Address	City/State/Zip	Phone
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Personal Doctor:	Address	City/State/Zip	Phone
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Emergency Contact:	Address	City/State/Zip	Phone
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Additional Information:

Rate your own cleanliness on a scale of 1(least) to 5 (most): _____

Do you smoke? Yes No

Are you comfortable living with others? Yes No

Are you willing to participate in Group therapy? Yes No

Have you ever been convicted of any crime? Yes No

If yes, please describe: _____

Have you ever been evicted from any tenancy? Yes No

Have you ever willfully and intentionally refused to pay rent when due? Yes No

Are you currently employed? Yes No

Place of employment _____ Length of employment _____

Monthly income _____

If unemployed what is your current source of income? _____

Do you know of anything which may interrupt income or ability to pay rent or complete the RISE Program? Yes No Explain?

Reliable ♦ Inspirational ♦ Supportive ♦ Empowering



I hereby certify that the answers I have given in this application are true and correct to the best of my knowledge. I understand that any false answers or statements made by me will be sufficient grounds for termination of occupancy and loss of any security deposit.

Applicant Name Print : _____ Date: _____

Applicant Signature: _____ Date: _____

Is there any additional information about yourself that you would like to share? (ex. Skills, history, likes and dislikes, previous renting experiences, knowledge of home repair, etc.) _____

Discrimination:

It is against the law to discriminate against applicants on the basis of race, religion, national origin, age, or neighborhood racial makeup.

Email to:

Deja@risehomesnv.com or info@risehomesnv.com