

Tenant (Member)Application

Property Name: _____

Property Address: _____

Thank you for your interest in becoming a Member of our shared housing program. Please complete this short application so we can ensure this is a good fit.

Personal Information

Full Name: _____

Date of Birth: _____

Phone Number: _____

Email Address: _____

Current Living Situation

Where are you currently living? _____

Why are you looking for housing right now? _____

How long do you expect to stay? _____

Employment or Assistance

Are you currently employed? ☐ Yes ☐ No

If yes, where? _____

Are you receiving assistance from an organization, hospital, or caseworker? ☐ Yes ☐ No

If yes, name of organization/caseworker: _____

Background

Do you have any pets? ☐ Yes ☐ No

Do you smoke? ☐ Yes ☐ No

Any history of violence or unsafe behavior? ☐ Yes ☐ No

(We do not run background checks but safety is our priority.)

Emergency Contact

Name: _____

Relationship: _____

Phone: _____

Membership Acknowledgment

I understand this is a membership agreement, not a lease or tenancy. I will be a Member of this shared housing community with a license to occupy, which can be revoked if rules are not followed.

Member Signature: _____ Date: _____