

PATHWAY TO RECOVERY RENTAL APPLICATION

Applicant: _____ Date _____ Driver License # _____
 Address _____ Birthdate _____ Social Sec # _____
 City _____ State _____ Zip _____ Telephone Home _____ Work _____
 Co-Applicant: _____ Date _____ Driver License # _____
 Emergency Contact _____
 _____ (Name Telephone Relationship)
 Emergency Contact _____
 _____ (Name Telephone Relationship)
 _____ Your initials authorize Pathway to contact this person in case of Emergency.

Applicant Referral Source (Transitional housing or semi-independent living program)

Program _____ Contact Person _____
 (Residential/Housing Program) (Staff Member)
 Length of Stay _____ Phone _____

HOUSEHOLD INCOME (PROOF OF INCOME MUST BE ATTACHED)

Applicant Employer _____ Hire Date _____ Position _____
 Address _____ Phone _____ Supervisor _____
 Gross Employment Income: \$ _____ X _____ = \$ _____ X 52 \$ _____ / 12 = _____
(Per Hour) (Hours per week) (Weekly Gross) (Yearly Gross) (Monthly Gross)

My initials authorize Pathway to contact my employer to verify the information listed above.

Past Employer _____ Dates _____ to _____ Position _____
 Address _____ Phone _____ Supervisor _____

Co-Applicant Employer _____ Hire Date _____ Position _____
 Address _____ Phone _____ Supervisor _____
 Gross Employment Income: \$ _____ X _____ = \$ _____ X 52 \$ _____ / 12 = _____
(Per Hour) (Hours per week) (Weekly Gross) (Yearly Gross) (Monthly Gross)

My initials authorize Pathway to contact my employer to verify the information listed above.

Past Employer _____ Dates _____ to _____ Position _____
 Address _____ Phone _____ Supervisor _____

OTHER INCOME

Type of Income _____ Month \$ _____ Year \$ _____
 Other Income sources not yet reported _____ Month \$ _____ Year \$ _____

TOTAL HOUSEHOLD INCOME OF ALL SOURCES: _____ **HOUSEHOLD SIZE:** _____

	<input type="checkbox"/> 1 PERSON	<input type="checkbox"/> 2 PERSONS	<input type="checkbox"/> 3 PERSONS	1 BR	2 BR
<input type="checkbox"/> 30%	0 - \$14,000	0 - \$16,020	0 - \$20,160	<input type="checkbox"/> \$425	<input type="checkbox"/> \$425
<input type="checkbox"/> 40%	\$14,001 - \$18,680	\$16,021 - \$21,360	\$20,161 - \$24,040	<input type="checkbox"/> \$475	<input type="checkbox"/> \$475
<input type="checkbox"/> 50%	\$18,681 - \$23,350	\$21,361 - \$26,700	\$24,041 - \$30,050	<input type="checkbox"/> \$525	<input type="checkbox"/> \$525
<input type="checkbox"/> 60%	\$23,351 - \$28,020	\$26,701 - \$32,040	\$30,051 - \$36,060	<input type="checkbox"/> \$575	<input type="checkbox"/> \$575
<input type="checkbox"/> 80%+	\$28,021+	\$32,041+	\$36,061+	<input type="checkbox"/> \$600	<input type="checkbox"/> \$600



Vehicle

How many Vehicles do you own including company cars? _____ . List single vehicle to be parked on property below. Make/Model _____ Year _____ Color _____ Tag Number _____ State _____

Relationship Status

Are you in a relationship or actively dating? No Yes (length of relationship)? _____

Name of partner: _____ Recovery status: No Yes (length of recovery) _____

Where and with whom does you partner live? _____

Any short term plans to live together within next year? No Yes (if yes, where?) _____

Occupants

	Relationship	Date of Birth	Social Security #
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Move in Date

Requested move in date: _____ Requested Building and or Unit Address _____

Pets (only permitted w/ staff approval in certain units with \$100 non-refundable pet deposit and additional monthly fee).

Number of pets? _____ Type(s)/Description(s) _____

Weight (s) _____ Please attach picture and proof of current shots _____

Legal

Date of last arrest or incarceration: _____ Charge(s) _____

Probation Officer Name _____ Telephone _____

List any additional pending legal issues: _____

If yes, Name of contact person and a Phone number. _____

My initials authorize Pathway to contact person listed to verify information given above.

Medical

Current Medications _____

Physician(s) _____ Telephone _____

Counselor(s) _____ Telephone _____

Psychiatrist (s) _____ Telephone _____

Mental Health Center _____ Diagnosis _____

My initials authorize Pathway to contact person(s) listed in case of emergency or to verify information.

Recovery

Sobriety date? _____ Sponsor: _____ Telephone _____

Longest length of sobriety _____ When _____

Relapse substance(s) or Drug(s) of choice in order of preference(s)

1st _____ 2nd _____ 3rd _____

My initials authorize Pathway to contact person listed above in case of relapse.

Applicant Signature: _____**Date:** _____

**Pathway II, III, IV, V or VI
Eligibility Confirmation Form**

_____, has applied for residency at one of Pathway's affordable
(Applicant Name)
Substance-free housing program. You can help to facilitate their transition and confirm compliance with our requirements for residency by providing the following information. The applicant understands that his or her signature below allows the referral source to provide the following information to Pathway.

Applicant Signature: _____

Date: _____

HOMELESS STATUS (Transitional housing or semi-independent living program)

Program _____
(Residential/Housing Program)

Contact Person _____
(Staff Member)

Length of Stay _____

Phone _____

DISCHARGE STATUS

Which of the following best describes applicant's most recent discharge?

Successful Unsuccessful (Discharge reason) _____

How long was applicant clean and sober at time of discharge? _____

EMPLOYMENT HISTORY

Is applicant considered disabled (unable to work)? Yes (skip next question) No

Did applicant maintain *consistent* employment throughout residency? Yes No

Current Employer: _____ Length of time at current job: _____

RENT PAYMENT HISTORY

Was applicant responsible for rent? Yes No If not, who was? _____

Rent Charge \$ _____ per month / Number of months applicant paid this amount _____

Did applicant leave an unpaid balance? No Yes, amount: _____

Which of the following best describes applicant's rent payment history?

Always paid in advance Usually paid in advance

Always paid by due date Usually paid by due date

Always had to be reminded Usually had to be reminded

Always paid late Usually paid late

GENERAL INFORMATION

Would you recommend this applicant for residency? Yes No

Would you rent to this applicant again? Yes No

Did applicant damage any property or exhibit self-destructive behavior during residency? Yes No

Is applicant in relationship that you are aware of? Yes No

Staff Signature: _____

Date: _____

