

**PATHWAY TO RECOVERY RENTAL APPLICATION**

Applicant: \_\_\_\_\_ Date \_\_\_\_\_ Driver License # \_\_\_\_\_  
 Address \_\_\_\_\_ Birthdate \_\_\_\_\_ Social Sec # \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_ Work \_\_\_\_\_  
 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 \_\_\_\_\_

**List Last 3 Consecutive Paychecks and attach copies (Gross is before taxes and deductions)**

#	Check Dates	Pay Start Date	Pay End Date	Total Hours	This Check Gross Pay	Gross Pay Year to Date
1.						
2.						
3.						

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

Employer \_\_\_\_\_ Dates \_\_\_\_\_ to \_\_\_\_\_ Position \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_ Supervisor \_\_\_\_\_

**OTHER INCOME** (Attach third party verification i.e. Benefit Letter)

Type & Sources of Income: \_\_\_\_\_ Month \$ \_\_\_\_\_ Year \$ \_\_\_\_\_  
 Other Income sources not yet reported \_\_\_\_\_ Month \$ \_\_\_\_\_ Year \$ \_\_\_\_\_

**TOTAL HOUSEHOLD INCOME ALL SOURCES:** \_\_\_\_\_ **HOUSEHOLD SIZE:** \_\_\_\_\_

INCOME LIMITS (Annual Gross)			RENTS (Includes Utilities and Wi-Fi)			Staff & Resident Initials	
AMI	Must Be Above	Must Be Below	<input type="checkbox"/> PW 2-3 Shared Housing	<input type="checkbox"/> PW 4-7 1 BR	<input type="checkbox"/> PW 4-7 2BR	Staff Initials	Resident Initials
___ 20%	\$0	\$13,533	\$425	\$425	\$425		
___ 30%	\$13,534	\$20,300	\$450	\$475	\$500		
___ 40%	\$20,301	\$27,067	\$500	\$525	\$550		
___ 50%	\$27,068	\$33,834	\$550	\$575	\$600		
___ 60%	\$33,835	\$40,600	\$575	\$625	\$650		
___ 70%	\$40,601	\$47,367	\$600	\$650	\$675		
___ 80%	\$47,368	\$54,134	\$650	\$750	\$775		
___ 81%	\$54,135	& Above	\$650	\$750	\$775		



**Vehicle**

How many Vehicles do you own including company cars? \_\_\_\_\_

List the vehicle to be parked in your parking space.

Make/Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_ Tag Number \_\_\_\_\_ State \_\_\_\_\_

**Household Members (to be listed on lease)**

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

**Move in Date**

Requested move in date: \_\_\_\_\_ Requested Unit Address \_\_\_\_\_

**Pets: must be pre-approved; spayed or neutered, are permitted only in certain units and require a \$100 non-refundable pet deposit.**

Number of pets? \_\_\_\_\_ Type(s)/Description(s) \_\_\_\_\_

Weight (s) \_\_\_\_\_ Attach picture, proof of current shots and s/n \_\_\_\_\_

**Legal (Prepare to discuss details)**

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.

My initials verify my understanding that Controlled substances are prohibited on any Pathway property. If prescribed for short term use, medication must be stored in office and pre-approved by staff for supervised self-administration.

**Recovery**

Sobriety date? \_\_\_\_\_ Sponsor: \_\_\_\_\_ Telephone \_\_\_\_\_

Longest length of sobriety ever (including drugs) \_\_\_\_\_ When \_\_\_\_\_

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

1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_

I understand Pathway housing programs are 12-step based requiring consistent participation in weekly 12-step meetings, step work, service work and sponsor contact. My initials authorize Pathway to contact sponsor for verification.

**Applicant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Staff Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



(Applicant Name) \_\_\_\_\_, has applied for residency at one of Pathway's affordable 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: **(Only Check One)**?

- |  |   |
|--|---|
| <input type="checkbox"/> Always paid in advance    | <input type="checkbox"/> Usually paid in advance    |
| <input type="checkbox"/> Always paid by due date   | <input type="checkbox"/> Usually paid by due date   |
| <input type="checkbox"/> Always had to be reminded | <input type="checkbox"/> Usually had to be reminded |
| <input type="checkbox"/> Always paid late          | <input type="checkbox"/> 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

**Staff Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

