

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:** _____

1/1/26 INCOME LIMITS AND RENT GUIDELINES (Utilities Included)

	Inc Utilities	___ PW 2-3	___ PW 4-6	___ PW 4-6	___ PW 7	___ PW 7
AMI	Max Income	SRO	One BR	Two BR	One BR (Furnished)	Two BR (Furnished)
___ 30%	\$23,250	\$600	\$650	\$750	\$850 <small>(Income \$30,600-\$38,749)</small>	\$950 <small>(Income \$34,200-\$38,749)</small>
___ 50%	\$38,750	\$650	\$750	\$850	\$950	\$1,050
___ 80%	\$62,000	\$750	\$850	\$950	\$1,050	\$1,150
___ 81%	& Above		\$950	\$1,050	In-Eligible to Move In	In-Eligible to Move In

GROSS INCOME (BEFORE TAXES) MUST BE THREE TIMES RENT

Income Limits and Rents vary by location, unit size and grant governing criteria



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)

1st _____ 2nd _____ 3rd _____

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 property or exhibit self-destructive behavior during residency? Yes No

Referring Agency Staff Signature: _____

Date: _____

