

APPLICANT REFERRAL ELIGIBILITY CONFIRMATION FORM

To Whom it May Concern,

DATE: _____

_____ (Applicant Name) has applied for residency at one of Pathway's affordable substance-free housing programs. You can help to facilitate their transition and confirm compliance with our requirements for residency by providing the following information. Pathway has received applicant's authorization to contact the referral source to obtain and verify the information provided below.

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

Program: _____ Length of Stay: _____
(Residential/Housing Program)

Referral Contact Person (Staff Member):	Phone:	Referral Contact Email:
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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 below*) 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? (**Select 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

Please share any additional information, remarks, or observations you believe may assist in our evaluation: (*Optional*)

REFERRING AGENCY (RA) INFORMATION:

RA Staff Signature:	Date:	RA Email:
		RA Telephone:



Please return completed form to: Rentals@pathwaytorecovery.org

