

Submit completed form to:
Rentals@pathwaytorecovery.org

DATE: _____

HOUSING
RENTAL APPLICATION

APPLICANT INFORMATION

Applicant Name: _____ Driver's License #: _____
(First) (Last)

Email: _____ Date of Birth: _____ Social Sec. #: _____

Address: _____ Tel. #: _____
(Street Number & Name, incl. Apt # if applicable / City / State / Zip)

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

| | | |
|---|--------|-------------------------|
| Referral Contact Person (Staff Member): | Phone: | Referral Contact Email: |
|---|--------|-------------------------|

My initials authorize Pathway to contact Referral Source to verify the information listed above and confirm program compliance.

HOUSEHOLD INCOME (PROOF OF INCOME MUST BE ATTACHED)

Applicant's Employer: _____ Hire Date: _____

Position: _____ Supervisor: _____

Address: _____ Phone: _____

List Last three (3) Consecutive Paychecks and attach copies (Gross pay 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. | | | | | | |

Hourly Rate \$ _____ Hours per Week: _____ Overtime per Week: _____ Projected Yr. Gross Pay \$ _____

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

OTHER INCOME (Attach Current Proof of Income)

Monthly \$ _____ Yearly \$ _____

Type & Sources of Income: _____

Other Income sources not yet reported: _____

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

INCOME LIMITS AND RENT GUIDELINES (Utilities Included)

Pathway operates three levels of income-based recovery rental housing for individuals working toward independent living.

- Eligibility is based on recovery status, stability, length of employment, and income.
- **Level Two housing offers private bedrooms with shared common areas and six-month lease agreements.**
- **Level Three housing consists of private apartments with one-year lease agreements.**
- Resident selection reflects program restrictions based on targeting initiatives.
- **Rent Concessions** may be made on a case-by-case basis to prioritize and promote self-sufficiency.

GROSS INCOME (BEFORE TAXES) MUST BE THREE TIMES RENT

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

Three Current Pay Stubs Must be submitted (attached) for Consideration



VEHICLES

How many vehicles do you own including company cars? _____

List the vehicle to be parked in your parking space:

Make/Model: _____ Year: _____ Color: _____ Tag No.: _____ State: _____

HOUSEHOLD MEMBERS (Not including applicant)

| Name | Relationship | Date of Birth | Social Security No. |
|----------|--------------|---------------|---------------------|
| 1. _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ |

MOVE IN DATE:

Requested Move in Date: _____ Requested Unit Address: (If applicable) _____

PETS

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

Number of pets? _____ Weight(s): _____

Type(s)/Description(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) (incl.Tel #): _____

Mental Health Professional(s) (incl.Tel #): _____

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 Drugs) of choice in order of preference(s):

1st: _____ 2nd: _____ 3rd: _____

_____ ***My initials authorize Pathway to contact sponsor for verification of consistent participation in weekly 12-step meetings, step work, service work and sponsor contact.***

By typing your name in the Applicant Signature field below, you understand that your typed name will serve as your electronic signature and acknowledge all information contained within this application was completed truthfully, and to the best of your knowledge.

Applicant Signature: _____ Date: _____ Reviewed: _____ (Initials) (Date)



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