

Application for Betsy Ann Ross House of Hope

Date and time received by BARHH staff, _____

Applicant

Full Name _____
Home Phone _____ Work Phone _____ Cell Phone _____
Email _____
Driver's License Number/State _____
Vehicle Make _____ Model _____ Color _____ Year _____
License Plate/State _____

Military History

Branch of service _____ Dates, from _____ to _____

Military Serial Number, if any _____

Do you have a copy of your DD 214 or other military identification? _____

Additional Occupants

List any children, who might be staying with you

Name and age _____ Relationship to Applicant _____

Current living situation:

Current Employment, if any

Name and Address of Employer _____

Phone _____

Name of Supervisor _____ Supervisor's Phone _____

Position _____ Dates Worked _____ to _____

Monthly employment salary _____

Monthly income from other sources (not required) _____

Miscellaneous

Do you smoke? ☐ yes ☐ no

Have you ever been evicted? ☐ yes ☐ no

Have you ever been convicted of a crime? ☐ yes ☐ no

Explain any "yes" listed above _____

Contact in Emergency

Name _____ Relationship _____
Address _____
Phone _____

I certify that all of the information given is true and correct and understand that my lease may be terminated if I have made any material false or incomplete statements in this application. I authorize verification of the information provided in this application from my credit sources, credit bureaus, current and previous landlords and employers, and personal references.

Applicant _____ Date _____

If applying for the veteran

Name _____
Relationship to the veteran _____
Title and agency if any _____