



APPLICATION FOR ADMISSION / RENTAL

Name of Hope Community Building: _____

Applicant Name: _____ Application #: _____

Current Address: _____

City, State, Zip Code: _____

Home Phone: _____ Work Phone: _____ Other: _____

HOUSEHOLD COMPOSITION AND CHARACTERISTICS

1. Do you or anyone in your household currently engage in the use of a controlled substance? If YES, please specify.
2. Are you or anyone in your household subject to a state sex offender lifetime registration requirement? If YES, please identify household member.
3. List the head of household and all other members who'll be living in the unit. Please identify the relation of each additional member to the head of household.

Member #	Member's Full name	Relationship	D.O.B.	Age	Sex	Social Security #

4. **Race of Head of Household:** Check one (For internal statistical purposes only)
 American Indian/ Alaskan Native Asia/ Pacific Islander Black or African American Native Hawaiian or other Pacific Islander White
5. **Ethnic of Head of Household** Check one (For internal statistical purpose only)
 Hispanic or Latino Not Hispanic or Latino
6. Is anyone currently living with you NOT listed above? yes No
7. Do you expect a change in your current household composition? Yes No
 Please explain if you answered YES to previous question: _____
8. Is head of household or spouse/ partner disabled? Yes No (For program and unit eligibility purposes only)
9. Please identify any special housing requirements your current household has _____



AUTHORIZATION AND RELEASE

I _____, hereby authorize Hope Community Inc, to conduct a consumer report investigation and /or obtain an investigative consumer report. I understand that a consumer report covers my creditworthiness, credit standing, credit capacity, character, general reputation, personal characteristics and mode of living. I further understand that an Investigative Consumer report may contain information about my character, general reputation, personal characteristics and mode of living. This information may be obtained through personal interviews with my friends, neighbors and / or other associates.

I further understand that any information obtained by Hope Community Inc, will NOT be used in violation of any Federal or State discrimination law or regulation. I further understand that I have the right to request that the reporting agency providing the consumer report or investigative consumer report provide me with the details of any report made. Upon my written request to Hope Community Inc, I will be provided any disclosures surrounding the investigation. I further understand that Hope Community Inc, will notify me in writing that such a report has been ordered no later than three (3) business days after ordering a consumer report and/or investigative consumer report.

Additionally, I understand that prior to taking any adverse action or rejecting my Hope Community, Inc., application because of information secured in either the consumer report or the investigative consumer report, Hope Community Inc, will provide me with the copy of the information relied upon and will further provide we with the name and address of the reporting agency.

I'm aware if Hope Community Inc, declines my application, I will be notified formal via hard copy documentation, verbally or electronically. I also understand Hope Community will provide a copy of the investigative and/or consumer reporting agency (name, address, telephone number) outlining the specific reasons why my application was denied. Under the Fair Credit Reporting, I understand I have the right to receive a FREE credit report from the reporting agency within sixty (60) days to refute adverse reporting,

I hereby and herewith release Hope Community Inc, its employees, agents and contractors from any and all liability whatsoever arising from either the consumer report investigation and/or investigative consumer report and from decisions made concerning my application based upon the results of the consumer report investigation or the investigative consumer report.

APPLICANT SIGNATURE: _____

PRINT NAME: _____

WITNESS SIGNATURE: _____