

Date and Time MMHSA Rec'd App

RENTAL APPLICATION FOR SHARED HOUSING

(Application will not be accepted unless all sections are completed)

Applying for Housing at: Hinds Housing 115 N. P St. Madera 1404 – 1410 Mariposa, Chowchilla

LAST NAME	FIRST NAME	MIDDLE NAME
OTHER NAMES USED IN THE LAST 10 YEARS:		
CURRENT ADDRESS:		
CONTACT PHONE NUMBER:		
MOBILE/CELL PHONE NUMBER:		
EMAIL ADDRESS:		
DATE OF BIRTH:		SEX:
SOCIAL SECURITY NO.		
DRIVER'S LICENSE NO.	EXPIRATION:	STATE:

RENTAL HISTORY Provide previous landlord information for the past 2 years:

1	CURRENT ADDRESS		
	CITY, STATE, ZIP CODE		
	DATE MOVED IN:	DATE MOVED OUT:	RENT PAID:
	REASON FOR LEAVING		
	OWNER/AGENT NAME		
	OWNER/AGENT PHONE #		
	OWNER/AGENT ADDRESS		
2	PREVIOUS ADDRESS		
	CITY, STATE, ZIP CODE		
	DATE MOVED IN:	DATE MOVED OUT:	RENT PAID:
	REASON FOR MOVING		
	OWNER/AGENT NAME		
	OWNER/AGENT PHONE #		
	OWNER/AGENT ADDRESS		

EMPLOYMENT AND INCOME INFORMATION Provide all income information below (WAGES, UIB, SSI, SSA, GA, ETC):

A	SOURCE OF INCOME	NAME OF EMPLOYER AND ADDRESS
	MONTHLY INCOME	
	\$	
B	OTHER SOURCE OF INCOME (TANIF, GA, ALIMONY, ETC.)	OTHER SOURCE OF INCOME
	MONTHLY AMOUNT	MONTHLY AMOUNT
	\$	\$

BANKING INFORMATION

NAME OF BANK	TYPE (CHECKING/SAVINGS/ CD, ETC)	CURRENT VALUE OF ASSETS

Do you own an Automobile: Yes No

Make _____ Model _____ Year _____ License Plate# _____

Do you have a pet? Yes No Type: _____ Size: _____
Is this an Assistance Animal? Yes No

Are you a Veteran of the Arm Forces? Yes No If yes, please provide a copy of your DD214.

MMHSA Properties are **smoke free** properties; do you smoke? Yes No

Have you ever been arrested or convicted of a crime? Yes No If yes, explain:

Are you under a conservatorship? Yes No If yes, provide contact information:

Conservators Name: _____ Phone #: _____

Provide the Clinical Technician / Social Worker assisting you with filling out this application.

Name: _____ Phone #: _____

I HEREBY AUTHORIZE MMHSA, INC. AND IT'S PROPERTY MANAGEMENT TEAM PERMISSION TO VERIFY AND MAKE INQUIRIES FOR THE PURPOSE OF VERIFYING THE ABOVE INFORMATION INCLUDING, BUT NOT LIMITED TO OBTAINING A CREDIT REPORT, SUITABILITY REPORT, CRIMINAL BACKGROUND REPORT, AND OTHER INFORMATION NEEDED IN DETERMINING MY ELIGIBILITY FOR THIS PROGRAM.

I FURTHER AGREE TO FURNISH ADDITIONAL INFORMATION UPON REQUEST. I CONSENT TO ALLOW PREVIOUS LANDLORD(S) TO DISCLOSE TENANCY INFORMATION TO MMHSA INC. AND IT'S PROPERTY MANAGEMENT TEAM.

I FURTHER UNDERSTAND I WILL BE SHARING A RENTAL UNIT THROUGH THIS PROGRAM AND CERTIFY THAT THIS RENTAL UNIT WILL BE MY ONLY RESIDENCE. I HAVE COMPLETED THIS RENTAL APPLICATION TO THE BEST OF MY KNOWLEDGE AND CERTIFY THAT EVERYTHING IS TRUE AND CORRECT.

APPLICANT (Signature Required): _____

DATE: _____

NOTE: (In order for us to expedite the eligibility review)

We will not accept an application without the following attachments provided at the time of your application submission.

- Verification of income such as SSI/SSA; Veterans benefits; general assistance; wages (last 6mo check stubs); UIB verification, etc. Information provided must be current and dated not older than 120-days.
- Copy of current picture Identification card/drivers license.
- Copy of Social Security Card.
- Last 3 rental receipts with the name and address of the landlord; if no rental history is available you may provide a letter of reference as an alternative.
- Verification of Assets such as Certification of Deposit, Checking Account - Last 6 month's bank statements; Savings account – Last bank statement.

FOR OFFICE USE ONLY

I Certify this applicant meets the MMHSA eligibility criteria for this rental program. Proceed with reviewing this applicant for housing.

BHA Signature: _____

Date: _____

Only applications signed by an authorized BHA will be accepted.
Authorized BHA's are Annette Presley (Madera), Michael Stribling (Chowchilla), Julie Morgan, DM

BHS DATE/TIME STAMP HERE: (TO BE STAMPED BY BHS STAFF WHEN ALL INFORMATION HAS BEEN SUBMITTED)