

Mt. Vista House Rental Application

Summary Report Requested on _____ by _____
Please Fill Out All Information

Apt. #: _____ Move in date: _____

Applicant: Last Name _____ First _____ Full Middle Name _____ Home/Cell Phone # _____

Social Security # _____ Date of Birth _____ Drivers License or ID # _____

Current Address:

Circle one: RENT _____ OWN _____ RELATIVE _____ TREATMENT _____ SHELTER _____ OTHER _____
 Street _____ City _____ Landlord Name _____ Landlord Phone # _____

From _____ To _____ Monthly Payment _____

Previous Address

Circle One: RENT _____ OWN _____ RELATIVE _____ TREATMENT _____ SHELTER _____ OTHER _____
 Street _____ City _____ Landlord Name _____ Landlord Phone # _____

From _____ To _____ Monthly Payment _____

Current Employment or Source of Income

Hire Date _____ MONTHLY INCOME _____

Circle One: JOB _____ TANF/GA _____ SSI/SSD _____ OTHER _____
 Business Name _____ Address _____ City _____ State _____ Zip _____

Position held _____

Supervisor Name _____ Phone # _____

Other person(s) to occupy rental property (any un-related person must fill out separate application)

Name	Relationship	Date of Birth
Name	Relationship	Date of Birth
Name	Relationship	Date of Birth
Name	Relationship	Date of Birth
Name	Relationship	Date of Birth

**Mt. Vista House
Rental Application**

Emergency Contact Name	Phone #	Address	Relationship
2 nd Contact Name	Phone #	Address	Relationship

Have you ever been convicted of a criminal offense? _____ yes _____ no State _____
Offense _____

Have you ever been evicted or asked to vacate by current or previous Landlord? _____ yes _____ no

If so: landlord name _____ Date _____

address of vacated property _____

Have you ever been convicted of any crime involving the possession, use, sale or manufacture of illegal drugs? _____ yes _____ no When and what crime _____

Deposits paid when you move in:

Damage deposit of **\$500.00** where **\$250.00** is a non-refundable fee used for carpet shampoo and minor cleaning expenses when you move out.

Damage Deposit \$ _____

Key Deposit \$ _____

Utility Deposit \$ _____ this will be applied to your last utility bill and any other unpaid rental expenses and the remainder will be sent to the forwarding address that you provide to the manager with your 20 day notice to move.

NO PETS!!!

Rent is due on the 1st day of each month. If not received in full by the 5th of each month, there will be a \$25.00 late fee plus \$1.00 per day after due date.

All rents must be paid by check or money order only.
Make checks payable to Reliable Enterprises.

RETURN OF DEPOSITS:

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Any unspent portion of the apartment and/or utility deposits will be returned within 14 calendar days after the tenant completes the following:

- Move out, after staying in the rental for a minimum term of 12 months. This is not a lease, however, and you may be asked to leave prior to the end of 12 months if you violate the rental agreement in any way. If asked to leave, you will not owe for the remainder of the 12 month period, but your deposit will not be returned.
- At least 20 day written notice that tenant is moving out. This notice must be sent to the landlord before the 10th of the month, and on the same month that the tenant is moving out or the tenant will owe for the following month.
- Clean the apartment thoroughly inside and out when moving.
- Return keys
- Give receipt showing utilities are paid in full to the date of moving out.
- Must provide landlord with forwarding address and current phone number.

In Compliance with the fair credit reporting laws, you are advised that a screening will be conducted regarding the information listed on this application and your character, general reputation and rental history. You are also advised that we will be running a Washington State Patrol background check. By signing this application, you authorize us to obtain credit reports, criminal report, rental, employment and income verification, bank information and character information as necessary.

I certify that to the best of my knowledge all statements are true and complete. False, fraudulent or misleading information may be grounds for denial of tenancy or subsequent eviction.

Applicant Signature _____ **Date** _____

**Co-Applicant
Signature** _____ **Date** _____

Client Release of Information

Washington State HMIS

IMPORTANT: Do not enter personally identifying information into HMIS for clients who are: 1) in DV agencies or; 2) currently fleeing or in danger from a domestic violence, dating violence, sexual assault or stalking situation. If this applies to you, STOP- Do not sign this form.

This agency participates in the Washington State Homeless Management Information System (HMIS) by collecting information, over time, about the characteristics and service needs of men, women, and children experiencing homelessness.

To provide the most effective services in moving people from homelessness to permanent housing, we need an accurate count of all people experiencing homelessness in Washington State. In order to make sure that clients are not counted twice if services are provided by more than one agency, we need to collect some personal information. Specifically, we need: **name, birth date, race, and last permanent address**. You may also choose to provide your social security number, but signing this form does not require you to do so. Your information will be stored in our database for 7 years.

- We will guard this information with strict security policies to protect your privacy. Our computer system is highly secure and uses up-to-date protection features such as data encryption, passwords, and identify checks required for each system user. There is a small risk of a security breach, and someone might obtain and use your information inappropriately. If you ever suspect the data in HMIS has been misused, immediately contact the HMIS System Administrator at (360) 725-3028.
- The data you provide will be combined with data from the Department of Social and Health Services (DSHS) for the purpose of further analysis. ~~Your name and other identifying information will not be included in any reports or publications.~~ Only a limited few staff members in the research division who have signed confidentiality agreements will be able to see this information.
- ~~Your decision to participate in the HMIS will not affect the quality or quantity of services you are eligible to receive~~ from this agency, and will not be used to deny outreach, shelter or housing. However, if you do choose to participate, services in the region may improve if we have accurate information about homeless individuals and the services they need.

I consent to the inclusion of personal information in HMIS about me and any dependents listed below and authorize information collected to be shared with partner agencies. I understand that my personal information will not be made public and will only be used with strict confidentiality. I also understand that I may withdraw my consent at any time.

Dependent children under 18 in household, if any (first and last names):

CLIENT SIGNATURE (PARENT/GUARDIAN)

DATE

CLIENT NAME

DATE OF BIRTH

STAFF NAME

**RELIABLE ENTERPRISES/REFERRING AGENCY
AUTHORIZATION FOR RELEASE OF INFORMATION**

CONSENT

I authorize and direct any federal, state or local agency, organization, business or individual to release to Reliable Enterprises and/or referring organization any information or materials needed to complete and verify my application for participation and/or to maintain my continued assistance in a housing assistance program. I understand and agree that this authorization of the information obtained with its use may be given to or used by Reliable Enterprises in administering and enforcing program rules and policies. I also consent for Reliable Enterprises to release information from my file about my rental history to credit bureaus, collection agencies and future landlords. This includes records on my payment history and any violations of my lease or HPRP policies.

INFORMATION COVERED

I understand that, depending on program policies and requirements, previous or current information regarding my household or me may be needed. Verification and inquiries that may be requested include but are not limited to:

Identity and Marital Status	Employment, Income and Assets
Medical and Child Care Allowances	Credit and Criminal Activity
Residences and Rental Activity	Citizenship or Eligibility Immigration Status

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a housing assistance program.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED FOR INFORMATION

The groups of individuals that may be asked to release the above information (depending on program requirements) include but are not limited to:

Previous Landlord	Past or Present Employers	Welfare Agencies
Public Housing Agencies	State Unemployment Agencies	Law Enforcement Agencies
Courts and Post Offices	Schools and Colleges	Veterans Administration
Support and Alimony Providers	Immigration and Naturalization	Utility Companies
Banks and Financial Institutions	Service Providers	Credit Providers or Bureaus
Medical Providers	Childcare Providers	Retirement Systems

If there are any agencies/individuals that you do not wish us to release information to please list them below:

CONDITIONS

I agree that a photocopy of this authorization may be used for the purpose stated above. The original of this authorization is on file with Reliable Enterprises and will stay in effect for a year and one month from the date signed. I understand that I have the right to review my file and correct any information that I can prove to be incorrect.

SIGNATURES

Head of Household	Print Name	Date
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Head of Household	Print Name	Date
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