



## Application for Reliable Homes – 1 bedroom units

Dear prospective tenant,

In accordance with Fair Housing Laws, all applications will be accepted and considered.

Applications must be complete to be considered. If you are unable to complete your application and need a reasonable accommodation, please contact Cyd Huston at 360-736-9558 Ext 113.

Please DO NOT attach copies of picture ID, Social Security Cards or other personal documents at this time. You will be asked to provide them if and when your name comes up on our waitlist for an open unit. We do have a few units that do not require the tenant to be chronically homeless, but those units are very limited. If you apply and you are not currently homeless, we will still add you to the waitlist, just keep in mind you would be on a waitlist for a specific set of units.

Reliable Homes is Permanent Supported Housing for adults experiencing Chronic Homelessness, and are a Veteran, or have a disability. In order to qualify for tenancy at Reliable Homes, you must meet one or more of the criteria above. Included in this application is a release of information for the local Coordinated Entry agency. This must be filled out and submitted with your application in order to be considered complete as Third-Party Verification of Chronic Homelessness is required.

As many of the individuals living in our units are considered vulnerable adults, you must also agree to a criminal background check at the time you are screened for an open apartment, as well as annually once you are housed. Criminal offenses will not necessarily exclude your application, however, no persons with a history of sexual related offences or crimes against vulnerable persons will be granted tenancy. Failure to disclose criminal offenses at the time of your application will be grounds for immediate denial of your application or grounds for eviction if discovered after tenancy is approved.

This is a no pet property and parking is extremely limited and will require a parking pass. All vehicles must have updated registration and be drivable.

**If you have any questions please feel free to email the Property and Housing Services Manager at [Cydnie.Huston@reliableenterprises.org](mailto:Cydnie.Huston@reliableenterprises.org) or call 360-736-9558 Ext 113**

## Reliable Homes 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 \_\_\_\_\_

**Reliable Homes  
Rental Application**

Emergency Contact Name	Phone #	Address	Relationship
2 <sup>nd</sup> 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 \_\_\_\_\_

Circle any or all that apply to you

- Homeless      Disabled      Veteran      Mental Health concerns

**Deposits paid when you move in:**

Damage deposit of **\$350.00** is a fee used minor cleaning expenses when you move out.

Damage Deposit      \$ \_\_\_\_\_ 300.00 \_\_\_\_\_ this will be a non-refundable fee to be used toward cleaning and painting.

Key Deposit      \$ \_\_\_\_\_ 50.00 \_\_\_\_\_ Key deposit will be Refundable upon the return of your keys and fob.

**NO PETS!!!**

Rent is due on the 1<sup>st</sup> day of each month. If not received in full by the 5<sup>th</sup> 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.**

**Reliable Homes**  
**Rental Application**

**When moving out:**

The tenant completes the following:

- At least 20 day written notice that tenant is moving out. This notice must be sent to the landlord before the 10<sup>th</sup> 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** \_\_\_\_\_

Client Release of Information and Informed Consent

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; 3) are being served in a program that requires disclosure of HIV/AIDS status (i.e.; HOPWA); or 4) under 13 with no parent or guardian available to consent to enter the minor’s information in HMIS.

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 people facing homelessness. RCW 43.185C.180 and RCW 43.185C.030

- 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 insure that clients are not counted twice, we need to collect four pieces of personally identifying information. Specifically, we collect: name, birth date, and race/ethnicity. You may also choose to provide your social security number. However, signing this form does not require you to do so. Your information will be stored in our database for 7 years after the last date of service. If you have questions about collection of data or your rights regarding your personally identifying information, contact the HMIS System Administrator at: (360) 725-3028
We use strict security policies designed to protect your privacy. Our computer system is highly secure and uses up-to-date protection features such as data encryption, passwords, and two-factor authentication 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 may be combined with data from the Washington State Department of Social and Health Services (DSHS) and Education Research and Data Center for the purpose of further analysis. Your name and other identifying information will not be included in any reports or publications. Only a limited number of staff members, who have signed confidentiality agreements, will be able to see this information. Your information will not be used to determine eligibility for DSHS programs. Washington State HMIS system administrators have full access to all information in HMIS. This includes the Department of Commerce staff, designated HMIS system administrators, and the software vendor.
By signing this form, you acknowledge and allow Department of Commerce staff to obtain additional records of information from other state agencies with which there is a data sharing agreement (DSA) on file between Commerce and the other agency. Our DSA guides data transfer and storage security protocols. If DSAs are in place, Commerce is authorized by you to obtain, add to HMIS, and use for evaluation purposes any other data you have provided to other Washington state agencies.
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, assistance, 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. Furthermore, some funders MAY require that you consent to provide your personally identifying information in HMIS in order for you to receive services from that funding source.

I understand the above statements and consent to the inclusion of personally identifying information in HMIS about me and any dependents listed below, and authorize information collected to be shared with partner agencies. I understand that my personally identifying 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 by filing a ‘Client Revocation of Consent’ form with this agency. I understand that I may obtain a copy of my signed consent form from this Agency (including forms signed electronically).

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

\_\_\_\_\_
\_\_\_\_\_

\_\_\_\_\_
\_\_\_\_\_

Client Signature (Parent/Guardian)

Date

Client Name (Print clearly)

Agency Staff Name (Print clearly) Initials

Client refused consent \_\_\_\_\_ (Agency Staff Initials)

HMIS Unique Identifier (optional) \_\_\_\_\_



203 W. REYNOLDS AVE. /PO BOX 870  
 CENTRALIA WA 98531-5517  
 (360)736-9558 ext. 113

**Release of Information**  
*(Complete one form for each adult you wish to refer)*

Information/records released to       Information records requested from       Referral to

Name/Agency: Coordinated Entry – Salvation Army Phone: 360-736-4339 Ext 210

Email: \_\_\_\_\_

Address: 303 N Gold Street

City: Centralia State: WA Zip: 98531

I authorize the release of information described herein to Reliable Enterprises Housing Programs and Staff, orally or in writing, all information regarding my family when under your observation or treatment. I authorize the release of protected health information pursuant to the terms of Health Insurance Portability and Accountability Act of 1996 (HIPAA), 42, USC Section 132(d) & 45 CFR Sections 160-164.

Client's Name:	DOB:	Client's Email:	Phone #:

**REASON FOR REQUEST:**

- Mutual Exchange of Information
- Transfer of Information
- Release of Records

**HOW INFORMATION WILL BE USED:**

- Identifying needed preventive and corrective care
- Coordination of Services
- Reunification Transition
- Background Check
- Case Management

**TYPE OF INFORMATION REQUESTED:**

- |   |                                  |  |
|---|----------------------------------|--|
| <input type="checkbox"/> Financial                      | <input type="checkbox"/> Housing | <input type="checkbox"/> Individual Service Plan |
| <input type="checkbox"/> Nutrition                      | <input type="checkbox"/> Medical | <input type="checkbox"/> Wellness                |
| <input type="checkbox"/> Treatment Plan/Recommendations |                                  | <input type="checkbox"/> Follow-up Needed        |

**SPECIFIC INFORMATION:**

- |  |   |
|--|---|
| <input type="checkbox"/> Lease details/pre-housing costs               | <input type="checkbox"/> Housing Location Assistance  |
| <input type="checkbox"/> Applications/fee information                  | <input type="checkbox"/> Obtaining Vouchers (specify): <input type="checkbox"/> Housing <input type="checkbox"/> Clothing <input type="checkbox"/> Concrete Goods |
| <input type="checkbox"/> Background Check                              | <input type="checkbox"/> Nutrition <input type="checkbox"/> Other: _____  |
| <input type="checkbox"/> Landlord Communication                        | <input type="checkbox"/> Advocacy, Negotiation & Eviction Prevention  |
| <input type="checkbox"/> Continuing Education                          | <input type="checkbox"/> Health & Safety  |
| <input type="checkbox"/> Meeting Schedule                              | <input type="checkbox"/> Program participation verification   |
| <input type="checkbox"/> FTDM participation                            | <input type="checkbox"/> Previous Evictions   |
| <input type="checkbox"/> Obtain Driver's License or other certificates |   |
| <input type="checkbox"/> Other: _____                                  | <input type="checkbox"/> Specify: _____   |

**Comments:** Third-Party Homelessness Verification

**Purpose or Need for Information:** Housing Waitlists & Case Management for current or future possible tenants.

This authorization will remain in effect through \_\_\_\_\_. If left blank, the expiration date of this form will be 1 year from the date of the client's signature below.

I expressly consent to the release of information designated above. I understand that this authorization extends to all or any part of the records designated above. This authorization can be revoked at any time by providing written notice to Reliable Enterprises.

Client Printed Name: \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Referring Agency Name: \_\_\_\_\_ Contact Phone # \_\_\_\_\_

Referring Party Signature: \_\_\_\_\_ Date: \_\_\_\_\_