



PROGRAM APPLICATION

Applicant

Co-Applicant

Name:
Address:
City/State/Zip:
Home Phone:
Work Phone:
Email:
Number in Family:

Name:
Address:
City/State/Zip:
Home Phone:
Work Phone:
Email:
Number in Family:

Employment Information

Current Employer Name:
Address:
Position:
Length of Employment\*:
Supervisor:
Phone #:

Current Employer Name:
Address:
Position:
Length of Employment\*:
Supervisor:
Phone #:

\* If less than 2 years at residence or employment additional history will be gathered during the application process.



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## Financial Information

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Birth Date: \_\_\_\_\_      Birth Date: \_\_\_\_\_  
 Drivers License #: \_\_\_\_\_ St. \_\_\_\_\_      Drivers License #: \_\_\_\_\_ St. \_\_\_\_\_  
 Gross Monthly Income: \_\_\_\_\_      Gross Monthly Income: \_\_\_\_\_

## Housing Information

Length of time at current address: \_\_\_\_\_      Any outstanding liens or collections?  
 \_\_\_\_\_  
 Current Monthly rent: \_\_\_\_\_  
 Landlord: \_\_\_\_\_      Have you filed for bankruptcy or had a home  
 foreclosure upon you in the last year? \_\_\_\_\_  
 Landlord Phone: \_\_\_\_\_      Date: \_\_\_\_\_  
 Have you ever owned a home? \_\_\_\_\_      When would you like to move? \_\_\_\_\_  
 When does your current lease expire?  
 \_\_\_\_\_  
 Do you currently own a home? \_\_\_\_\_      General Desired Area: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_      Desired Monthly Payment: \_\_\_\_\_

I certify the information provided above to be true and correct and hereby authorize Home For Good to verify my past and current employment earnings, bank accounts and other asset balances that are needed to estimate the housing value I am eligible for. I further authorize Home For Good to order a consumer credit and background report and verify other credit and expense information. Applying to Home For Good's program does not obligate the applicant to enter the program if approved. Home For Good will not share your information with other organizations for marketing or any other purpose. I understand that Home For Good is a not for profit organization with limited capital funds and I have provided Home For Good the \$50 application fee used to cover the expenses associated with processing my application.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Co-Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\* If less than 2 years at residence or employment additional history will be gathered during the application process.



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Certification of Compliance for Use of Investigative Consumer Reports for Tenant Screening Purposes

Pursuant to the Fair Credit Reporting Acts, 15 U.S.C: Section 1681, Et Seq., as amended and RCW 19.182, Et Seq., as amended (collectively "federal and state law"), the undersigned tenant screening user certifies that the investigative consumer report requested to be supplied on the attached tenant applicant, \_\_\_\_\_, is for tenant screening purposes only: that the tenant screening user has complied with the disclosure requirements of federal and state law, as amended, by making clear and conspicuous disclosure in writing to the tenant applicant that an investigative consumer report may be obtained for tenant screening purposes and the tenant applicant has authorized such procurement in writing on a document that consists solely of such disclosure; ant that pursuant to federal or state law, as amended, that the tenant screening user shall not use the investigative consumer report in violation of any other applicable federal or state fair housing, or equal opportunity law or regulation, and that the tenant screening user shall not take adverse action against the tenant applicant based in whole or in part on the investigative consumer report without providing the name, address and telephone number of ACRAnet CBS Branch as listed below.

Company: \_\_\_\_\_

Authorizing Signature \_\_\_\_\_ Date \_\_\_\_\_

Consumer Reporting Agency:
ACRAnet CBS Branch
P.O. Box 5393
Spokane, WA 99205-0393
Phone: Local, (509) 324-1287, Watts: 1-800-572-3218 Ext. 1287

Notice of Intent' to Obtain an Investigative Consumer Report For Tenant Screening purposes

The undersigned applicant is hereby notified that \_\_\_\_\_, May obtain an investigative consumer report for tenant purposes. Such report may include: information as to character, general reputation, personal characteristics, mode of living, history of criminal convictions, employment, credit and/or rental history. Applicant acknowledges that he/she is herein informed of his/her right to request within a reasonable period of time after receiving this notice, a complete and accurate disclosure of the nature and scope of the investigation requested. Such a request will be mailed or otherwise delivered to applicant within five days from the date of the applicant's request for disclosure or such report was first requested by landlord whichever is later.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Co-Applicant \_\_\_\_\_ Date \_\_\_\_\_

Note: The above information is presented to assist you in compliance of the revised federal Fair Credit Reporting Act. They represent our understanding and interpretation of the amendments that became effective September 30, 1997 and November 2, 1998. ACRAnet CBS Branch does not intend for this information to be construed as legal advice. We urge all subscribers to review their procedures and documents with their perspective legal counsel.



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## Credit Card Authorization Form

I authorize Home For Good to charge my credit card for payment of the program application fee. I understand that the amount to be charged is \$50.00 for a one time only non-reimbursable application processing fee.

Card Number \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name \_\_\_\_\_  
Print name as it appears on card

Signature \_\_\_\_\_ Date Signed: \_\_\_\_\_

Cardholder Address \_\_\_\_\_

Zip code \_\_\_\_\_

Phone \_\_\_\_\_