

Reference

Please give one reference

Full Name: _____ Relationship: _____

Address: _____

Phone: _____ Email: _____

Emergency Contact

Full Name: _____ Relationship: _____

Address: _____

Phone: _____ Email: _____

Current Employment

If employed

Position: _____ Employer: _____

Address: _____

Phone: _____ Employer's Email: _____

Sources of Income

Include Social Security

Income Source #1: _____

Monthly amount: \$ _____

Income Source #1: _____

Monthly amount: \$ _____

Vehicle

Year: _____ Make: _____ Model: _____ License Plate #: _____

Drivers License #: _____

Military Service

If applicable

Branch: _____ From: _____ To: _____

Rank at discharge: _____ Type of discharge: _____

If other than honorable, please explain: _____

Additional Details

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

\$20 SCREENING FEE IS NON-REFUNDABLE (payable after approved and placed). I understand that I acquire no rights in a property or unit, or acceptance to become a participant in the Affordable Home Program, until I sign this agreement and the Program Agreement. I understand that I will not be a 'tenant' but a participant in a program that includes housing, if accepted. I give Kitsap Homes of Compassion the right to do an investigation into the information I have provided in this application, and into my criminal background, personality, home sharing ability, substance use, and mental health history. Any consumer reports obtained by Kitsap Homes of Compassion in connection with this application are for the sole purpose of investigating into this application. I further understand that inaccurate, fraudulent, false, and/or misleading information may result in denial. The Director of Kitsap Homes of Compassion is responsible for the decision to accept applicants to this program.

I acknowledge and agree that Kitsap Homes of Compassion and its personnel (including any licensed health care providers) are not my treating health care provider. I further acknowledge and agree that any information I (and my references) provide to them, including information relating to my mental and physical health, is subject only to Homes of Compassion policies and procedures on the handling of such information, and not to any state or federal laws governing the confidentiality of health information.

Signature: _____

Date: _____