



APPLICATION TO RENT A HOME

APPLICANT INFORMATION

Full Name :

Today's Date :
MM/DD/YYYY

Current Address :
STREET ADDRESS APARTMENT/UNIT #

CITY STATE ZIP CODE

Phone Number :

E-Mail :

Social Security Number :

Are you a Section-8 tenant? : Yes No

Have you ever been evicted? : Yes No

If yes, please explain

Have you ever been convicted of a felony? : Yes No

If yes, please explain

Do you have a valid driver's license : Yes No

Driver's License Number :

Number of Bedrooms Needed :

Total Household Income :

Rent Budget :

Please List Sources of Income :

Date Needed :

CONTACT

Phone Number: 252-520-9975

Email: hoperkinstonnc@gmail.com

VISIT

Website: hoperestorationsnc.org

Address: 611 Mitchell St,
Kinston, NC 28501



APPLICATION TO RENT A HOME

ACADEMIC HISTORY

High School Diploma : Yes No

If no, what was your last grade completed? :

GED : Yes No N/A

Collegiate Credits : Yes No

Degree or Certification : Yes No

If yes, in what area is your degree/certification? :

REFERENCES

Please list three non-family references

Full Name :

Relationship : Phone :

Company :

Address :

Full Name :

Relationship : Phone :

Company :

Address :

Full Name :

Relationship : Phone :

Company :

Address :



APPLICATION TO RENT A HOME

EMPLOYMENT

Company Name :

Address :

Duration : *From* *To*

Reason for Leaving :

Position/Title :

Job Description/Responsibilities :

May we contact your supervisor for a reference? : Yes No Phone :

CURRENT LANDLORD

Name/Company :

Landlord's Address :

Phone : Monthly Rent Amount :

Address of Rental : STREET ADDRESS APARTMENT/UNIT #

 CITY STATE ZIP CODE

Duration : *From* *To*

Additional Information :

May we contact this landlord for a reference? : Yes No



APPLICATION TO RENT A HOME

TELL US ABOUT YOU AND YOUR FAMILY

List everyone who will live with you, and tell us their relationship to you.

Please tell us anything you want to share about your past, your current situation, and/or why you want to participate with Hope Restorations.

DISCLAIMER AND SIGNATURE

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

If this application leads to a lease agreement, I understand that false or misleading information in my application or interview may result in termination of my lease.

Signature

Date



NOTIFICATION AND RELEASE

The information contained in this application for participation with Hope Restorations, Inc. is true to the best of my knowledge and belief. I understand that any misrepresentation or false statement made by me in connection with the application or any related documents which are deemed material by Hope Restorations, Inc. will result in termination from the program. I understand and agree that all information furnished in my application and all attachments may be verified by Hope Restorations, Inc. or its authorized representatives. I hereby authorize all individuals and organizations named or referred to in my application and any law enforcement organization to give Hope Restorations, Inc. all information relative to such verification and hereby release such individuals and organization from any and all liability for any claim or damage resulting therefrom. I hereby acknowledge that I have been informed by Hope Restorations, Inc. that it may seek to obtain a consumer report and/or investigative report that will include personal information regarding me, including but not limited to: educational history, work references, driving record and criminal convictions or arrest records if allowed, in order to assist Hope Restorations, Inc, in making certain program participant screening decisions. I further acknowledge notification by Hope Restorations, Inc. that reports may be provided to Hope Restorations, Inc. by other firms subcontracted for that purpose. I, my heirs, assigns and legal representatives, hereby release and fully discharge Hope Restorations, Inc., its parent and affiliated companies and the respective officers, directors, shareholders, employees, agents of each, including subcontractors, arising out of the making, or use of, either a consumer report and/or investigative report, including any errors or omissions contained or omitted from such reports or either a consumer report and/or investigative report, including any errors or omissions contained or omitted from such reports or investigations. Hope Restorations, Inc. agrees to inform you if a residency decision has been influenced by information contained in a consumer report, made at our request by Hope Restorations, Inc.



NOTIFICATION AND RELEASE

List all the names you have used in the past seven years including married, maiden, and aliases

Current

Full Name :

Date of Birth :
MM/DD/YYYY

Maiden Name or :
"AKA"

Dates Used : *From* _____ *To* _____
YYYY

Additional

Full Name :

Date of Birth :
MM/DD/YYYY

Maiden Name or :
"AKA"

Dates Used : *From* _____ *To* _____
YYYY

Full Name :

Date of Birth :
MM/DD/YYYY

Maiden Name or :
"AKA"

Dates Used : *From* _____ *To* _____
YYYY

List all the addresses you have occupied in the past seven years

Street Name :

Occupied : *From* _____ *To* _____
YYYY

City :

State :

ZIP :

County :

Street Name :

Occupied : *From* _____ *To* _____
YYYY

City :

State :

ZIP :

County :

Street Name :

Occupied : *From* _____ *To* _____
YYYY

City :

State :

ZIP :

County :

THIS PAGE IS FOR
EMPLOYER USE ONLY

Please place a check next to the searches to be conducted

- Nationwide Criminal Database Search**

- Nationwide Sexual Offender Check**

If verifications are ordered, additional information must accompany this release.

Contact

Email: hoperkinstonnc@gmail.com

Phone: (252) 520-9975