

# VALLEY SUPPORTIVE HOUSING — RENTAL APPLICATION

## APPLICANT INFORMATION

Name:

Date Of Birth:

SSN:

Phone:

Current Address:

City:

State:

ZIP:

Now: Own  Rent

Monthly Payment/Rent: \$

How long?

Previous Address:

Case Manager: Yes  No

Name:

Valley Supportive Housing requires that all residents have a Case Manager. If you do not have a Case Manager, VSH can provide you with information to assist you in obtaining a Case Manager.

Smoker  Non-smoker

Problems With Mobility: Yes  No

## APPLICANT EMPLOYMENT / PROGRAM INFORMATION / INCOME

Current Employer/Activity Provider:

Employer/Provider Address:

How long?

Phone:

E-mail:

FAX:

City:

State:

ZIP:

Position:

Monthly Income: *Work*: \$

*SS*: \$

Other Income: \$

Source:

## PAYEE

VSH prefers that all residents have a Payee, although it is not required.

Payee: Yes  No

Payee Name:

Phone:

## EMERGENCY CONTACT

Name of Case Manager:

Phone:

Other VCSB or counseling contact:

Phone:

Permission to give and receive personal information to/from contacts

Yes:

No:

Date:

## REFERENCES

Name:

Address:

Phone:

Name:

Address:

Phone:

Name:

Address:

Phone:

I authorize Valley Supportive Housing to verify the information provided on this form as to my credit and employment history. I acknowledge I have received a copy of this application form.

Signature of Applicant

Date

Mail to: Valley Supportive Housing, PO Box 1907, Staunton VA 24402 or email to [vsh@valleysupportivehousing.org](mailto:vsh@valleysupportivehousing.org)