

Mountain Homeless Coalition Prospective Tenant Screening

For shared housing and/or Georgia Street Cabins -A Project Homekey Affordable Housing Enterprise

For inquiries about rental properties, please contact Mountain Homeless Coalition at:

Email Address: PropMgt@mtnhomeless.com or Phone: (909) 713-4099

I am applying for Georgia St. Cabins, Big Bear Lake Shared Housing Other _____

APPLICANT'S PERSONAL INFORMATION

Name:				
Email Address:		Date of Birth:		
Cell Phone:		Other Phone & Type		
Soc Sec #		Driver's Lic # and State		
Current housing situation				
Desired move in date				

CO-APPLICANT'S PERSONAL INFORMATION *(if applicable)*

Name:				
Email Address:		Date of Birth:		
Cell Phone:		Other Phone & Type		
Soc Sec #		Driver's Lic # and State		
Current housing situation				

OTHER OCCUPANTS' INFORMATION *(if applicable)*

Name:				
Email Address:		Date of Birth:		
Name:				
Email Address:		Date of Birth:		

Pets:

Name	Type (Dog, Cat, ...)	Breed	Weight	Age

Vehicles:

Make/Model	Color	Year	License #



RENTAL HISTORY

Please list your three most recent addresses or from past five years

	Current Address	Previous	Previous	
Street Address/Unit No.				
City, State, Zip				
How long at this address				
Manager/Owner Name				
Manager/Owner Phone				
Were you evicted? If so, reason for eviction.				

PROOF OF INCOME

The applicant is required to provide proof of their income. Acceptable documentation includes bank statements, pay stubs, determination letters, or screen shots of account balances.

Whose (applicant/co-applicant)	Source	Monthly Amt
Total:		

ADDITIONAL INFORMATION

Personal References

In case of emergency, Notify	Relationship	Phone/email

Please indicate your answer for the following questions:

Are you currently homeless or at risk of homelessness?	Homeless?		At risk?	
Do you or any member of your household require a reasonable accommodation?	Yes:		No:	
Do you or any member of your household require unit accessibility features?	Yes:		No:	

I/We declare that the information I/we have provided is true and correct, and contain no misrepresentations. I/We authorize Mountain Homeless Coalition (MHC) to conduct background checks and obtain credit reports, as necessary, from a reputable credit reporting agency to verify the information I/we have supplied.

The Applicant understands that incomplete or incorrect information provided in the application may cause a delay in processing or may result in the denial of application.

Applicant's Signature _____ Date _____

Co-Applicant's Signature _____ Date _____

Reasonable Accommodation: If you or a member of your family have a disability and think that you might need or want a reasonable accommodation, you may request it at any time.

