



## Reach Services Rental Application Packet

Please fill out all included forms in full. Please list all persons that will be living in the household, along with any adult co-applicant(s).

### Required Paperwork:

1. Rental Application
2. Release of Information Form (for all adults in home)
3. Copy of all tenant's social security cards (adults & children)
4. Picture ID for all adults, and a birth certificate for all children.
5. Minimum 6 weeks of income statements for working household members. If applicable, also include:
  - a. If children are in household, provide child support documents ordered by the court for any kind of support paid to you. SNAP/TANF/ETC
  - b. If receiving SSI/SSDI/Retirement/Service connected disability, provide a Benefit letter from Social Security/VA

**Application will not be accepted without all supportive documentation.**

Reach Services does not discriminate based on race, color, religion, gender, age, sexual orientation, disability, national origin, or military status in any of its activities or operations.

Reach Services follows Fair Housing practices.

If you have any questions, please contact our Director of Housing at 812-244-1357.

1400 Hulman Street • Terre Haute, IN 47802  
Phone: 812.232.6305 • Fax: 812.234.3683  
[info@reachservices.care](mailto:info@reachservices.care) • [www.reachservices.care](http://www.reachservices.care)



# Reach Services Rental Application



1400 Hulman Street Terre Haute, IN 47802  
 Phone: 812-232-6305 Fax: 812-234-3683  
 E-mail: cmouck@reachservices.care

Date Application Received \_\_\_\_\_  
 (For Office Use Only)

## Head of Household Information

**Please Circle or Bold:** Apartment – 1 2 3 (bedroom size) House – 2 3 (bedroom size)

Do you require ADA accessible housing? Yes / No Do you require the use of an elevator? Yes / No

Is anyone in the household a veteran? Yes / No Does the household receive Section 8? Yes / No

Does anyone who will be living in the household require direct support staff? Yes / No

If so, through which agency? \_\_\_\_\_

Name				
Present Address				
City, State ZIP Code				
How long have you lived there?				
Home Phone				
Cell Phone				
E-Mail Address				
Date of Birth				
DLN / ID #				
SSN				
Own / Rent Currently (Please Circle or <b>Bold</b> )	Monthly Amount _____			
Name of Owner/Agent				
Phone Number				
Make/Model of Vehicle(s)				
Names of Children in Residence and Their Ages	<table border="1" style="width: 100%;"><tr><td style="width: 33%;"></td><td style="width: 33%;"></td><td style="width: 33%;"></td></tr></table>			

## Head of Household Financial Information

Employer (If Applicable)	
Previous Employer (If at Current Job Less Than Two Years)	
<b>Monthly</b> Income	Wages _____ SS _____ SSI _____
	SSDI _____ UI _____ TANF _____
	Child Support _____ SNAP _____ VA DI _____
Name of Bank (If Applicable)	

### Co-Applicant Information & Financial Information

**Co-Applicant:** An adult living in the home; for example, children over the age of 18, partner/spouse, roommate, parent, who will also be on the lease

Name			
Home Phone			
Cell Phone			
E-Mail Address			
Date of Birth			
SSN			
<b>Monthly</b> Income	Wages _____	SS _____	SSI _____
	SSDI _____	UI _____	TANF _____
	Child Support _____	SNAP _____	VA DI _____

### Applicant References

Credit Reference (Utility, Credit Card, Loan) Estimated Payment	
Personal Reference (Name): How Long Have You Known This Person?	
Phone Number	

### Screening Questions

Have you ever been convicted of a felony? Y or N (If yes, please explain)

  
  

Have you ever been evicted? Y or N (If yes, please explain)

  
  

How did you hear about us?

### Agreement and Signature

I recognize that this application for an apartment/house is subject to acceptance or rejection. I hereby state that the information set forth above is true and complete and authorize verification of the information and references given. If application is accepted, lease is to be executed at agent's office when the apartment/house is available after applicant is notified of such acceptance. I give permission for landlord to contact my current or previous landlord and any other references listed.

Name (Printed)	
Signature	
Name of Co-Applicant (Printed)	
Signature	
Date	

**Reach Services Release of Information (Head of Household)**

I, \_\_\_\_\_, am voluntarily participating in Reach Services' programming and request and authorize Reach Services to gather the following information, (collectively "the personal information") including but not limited to; demographic information, household information, disability information, rental information, employment and housing status information as appropriate to my situation.

The personal information may be obtained through this release for the purpose of addressing housing and disability issues affecting my well-being including making of rules to coordinate services on my behalf with the following entities; Reach Services, HMIS Client Track, community mental health agencies, community housing providers (shelters, landlords, motels, apartments, homes, Terre Haute Housing Authority) utility service providers, (Duke Energy, Vectren, REMC, Terre Haute Sewage, Indiana American Water, Dish Network, DirectTV, Spectrum, Frontier). Community resources such as; food banks and pantries, or any other food or service assistance or distribution groups. Public assistance programs such as Indiana Family and Social Services Administration programs, or any other state or federal public assistance programs. In addition to these agencies and programs, law enforcement agencies, Work One, previous/current or future employers, People Ready or any other organizations for assisting with attaining employment and other business agencies or individuals that Reach Services may consider reasonably necessary for its purpose, (collectively all entities referred to as "community partners").

In addition to the release or exchange of personal information between Reach Services and the community partners, clients request such personal information shall also be released to and exchanged between the following persons, (if NONE, write NONE).

\_\_\_\_\_

The following information may not be released or exchanged. If all personal information may be released and exchanged, then write NONE.

\_\_\_\_\_

I understand that I may refuse to authorize the release or exchange of personal information and by doing so Reach Services may refuse to enroll me in programming if I have limited this authorization to an extent Reach Services determines that the programming cannot satisfactorily serve my needs and interests.

The signature of a legally authorized representative indicates that I understand this authorization of personal information and can send the release in exchange for any personal information to the community for any reason related to the services Reach Services provides, subject to exclusions, and understand the authorization is valid for a period of one year from the date of signature below.

My signature or the signature of a legally authorized representative indicates that it is understood this authorization may be revoked at any time, for any reason, if written notice is provided to: 1400 Hulman St. Terre Haute, IN 47802. It is also understood that my personal information will be treated in a confidential manner.

I \_\_\_\_ DO, I \_\_\_\_ DO NOT wish to have personal information released and exchanged under this authorization.

\_\_\_\_\_  
Client/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Reach Services Staff Signature

\_\_\_\_\_  
Date



**Reach Services Release of Information (Co-Applicants)**

I, \_\_\_\_\_, am voluntarily participating in Reach Services' programming and request and authorize Reach Services to gather the following information, (collectively "the personal information") including but not limited to; demographic information, household information, disability information, rental information, employment and housing status information as appropriate to my situation.

The personal information may be obtained through this release for the purpose of addressing housing and disability issues affecting my well-being including making of rules to coordinate services on my behalf with the following entities; Reach Services, HMIS Client Track, community mental health agencies, community housing providers (shelters, landlords, motels, apartments, homes, Terre Haute Housing Authority) utility service providers, (Duke Energy, Vectren, REMC, Terre Haute Sewage, Indiana American Water, Dish Network, DirectTV, Spectrum, Frontier). Community resources such as; food banks and pantries, or any other food or service assistance or distribution groups. Public assistance programs such as Indiana Family and Social Services Administration programs, or any other state or federal public assistance programs. In addition to these agencies and programs, law enforcement agencies, Work One, previous/current or future employers, People Ready or any other organizations for assisting with attaining employment and other business agencies or individuals that Reach Services may consider reasonably necessary for its purpose, (collectively all entities referred to as "community partners").

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Client/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Reach Services Staff Signature

\_\_\_\_\_  
Date

