



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 pages, must complete all fields)
2. Release of Information Form (one for each adult applicant)
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 2 months of income statements for working household members. If receiving SSI/SSDI/Retirement/Service-connected disability, provide a Benefit letter from Social Security/VA
6. Landlord Verification Form for previous landlord

Application will NOT be considered without all supportive documentation.

Important Notes:

- **Pets are not allowed per our lease agreement.** Any pet must be approved by the Landlord prior to lease signing and must have required documentation. There is a nonrefundable \$100 Pet Fee for each approved pet. Maximum 2 approved pets.
- **Applicants must have sufficient income.** Income eligibility will be determined at the time of application.
- **A background check will be conducted on all applicants.** Recent evictions and open court cases or prior convictions may affect your approval.
- **Due at Lease Signing:** The first month's rent and the deposit are due at lease signing. The deposit is equal to one month of rent. If the entire deposit cannot be paid at lease signing, half will be due and the other half paid during the first 6 months of tenancy, as a \$50 monthly payment along with your rent.

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, and does accept Section 8 vouchers.

If you have any questions, please contact our Property Specialist at 812-244-1357.

1400 Hulman Street • Terre Haute, IN 47802
Phone: 812.232.6305 • Fax: 812.234.3683
info@reachservices.care • www.reachservices.care



Reach Services Rental Application

1400 Hulman Street Terre Haute, IN 47802
 Phone: 812-244-1357 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 Bold)	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%; height: 20px;"></td><td style="width: 33%; height: 20px;"></td><td style="width: 33%; height: 20px;"></td></tr></table>			

Head of Household Financial Information

Employer (If Applicable)	
Previous Employer (If at Current Job Less Than Two Years)	
Monthly 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			
Employer (If Applicable)			
Monthly 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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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
LANDLORD VERIFICATION FORM



To be completed by applicant and returned with rental application:

I, _____(*your name*), authorize Reach Services to request the following Landlord Verification from _____(*name of landlord*) at phone number: _____.
My address was: _____.

Signature

Date

To be completed by Reach Services & previous landlord:

To whom this may concern,

The above-named person has granted us, Reach Services, authorized consent to verify tenancy regarding the residence indicated above.

The Tenant has specifically mentioned you as their current or previous landlord. If you could assist us in our decision of whether to offer housing to the Tenant, it would be greatly appreciated.

Please return this form to Charity Mouck in one of the following methods:

E-Mail: cmouck@reachservices.care

Fax: 812-234-3683

Please answer the following questions:

1. Is the Tenant currently renting from you? Yes No
 - a.) if no, did they fulfill their lease agreement? Yes No
 - b.) If they did not fulfill their lease agreement, what happened?

2. Did the applicant ever pay rent late during the term of their lease? Yes No

3. Has the applicant ever been more than thirty (30) days late with any rental payment?

Yes No

4. Did the applicant have any pets? Yes No

a.) If yes, how many and what kind?

5. Have you had to give the applicant a lease violation notice, at any time, during the term of their lease? Yes No

a.) If yes, what was the reason?

6. Was there ever any legal issues or property damage? Yes No

a.) If yes, please describe:

7. Would you rent to this Tenant again? Yes No

a.) If no, please explain:

8. Is there anything else I should know about this Tenant?

I certify, as the Tenant's previous landlord, to have answered the questions herein truthfully and to the best of my ability.

Signature: _____ Date: _____

Print Name: _____