

HerShe Transitional Housing Rental Application

Applicant Information			
Name:			
Date of birth:	SSN:	Cell Phone:	
Current address:			
City:	State:	ZIP Code:	
Currently renting?	Monthly payment or rent:	How long?	
Address:			
City:	State:	ZIP Code:	
Employment Information			
Current employer:			
Employer address:			How long?
Phone:	E-mail:	Fax:	
City:	State:	ZIP Code:	
Position:	Hourly rate:	Avg. monthly income:	
Emergency Contact			
Name of a person not residing with you:			
Address:			
City:	State:	ZIP Code:	Phone:
Relationship:			
Car & Income Information			
Have you been ever asked to move?		If yes, why?	
Do you have a car? YES NO	Make:	Model:	
License Plate:	State:	DL #	
SOURCES OF INCOME:			
BANK:	Checking Account #:		
Savings Account #			
City:	State:	ZIP Code:	
Additional Information			
School:			
Program of Study:			GPA:
Occupation Goal:			
Why do you want to be in the HerShe program?			
References			
Name:	EMAIL	Phone:	
I authorize the verification of the information provided on this form as to my credit and employment. I have received a copy of this application.			
Signature of applicant:			Date: