

Application Date: \_\_\_\_\_

Received: \_\_\_\_\_



## Catholic Charities St. Christopher Place Housing Application for Single Adults

The undersigned hereby makes an application to rent at Saint Christopher Place, 286 Marshall Avenue, St. Paul, MN 55102

**PLEASE TELL US ABOUT YOURSELF**

Full Name: \_\_\_\_\_ Current Phone: \_\_\_\_\_

Please check  Male  Female

Date of Birth: \_\_\_\_\_ Additional Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Driver's License/State ID Number: \_\_\_\_\_ State: \_\_\_\_\_

Vehicle make/model: \_\_\_\_\_ Year: \_\_\_\_\_

License Plate Number: \_\_\_\_\_ State: \_\_\_\_\_

**PLEASE GIVE RENTAL HISTORY**

Current address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Rent Amount: \_\_\_\_\_

Move in Date: \_\_\_\_\_ Move out Date: \_\_\_\_\_ Reasons for leaving: \_\_\_\_\_

Landlord name and phone number: \_\_\_\_\_

Previous address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Rent Amount: \_\_\_\_\_

Move in Date: \_\_\_\_\_ Move out Date: \_\_\_\_\_ Reasons for leaving: \_\_\_\_\_

Landlord name and phone number: \_\_\_\_\_

Previous address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Rent Amount: \_\_\_\_\_

Move in Date: \_\_\_\_\_ Move out date: \_\_\_\_\_ Reasons for leaving: \_\_\_\_\_

Landlord name and phone number: \_\_\_\_\_

**PLEASE DESCRIBE YOUR CREDIT HISTORY**

Have you ever been evicted from a rental residence? Yes \_\_\_ No \_\_\_

Have you had two or more late rental payments in the past two years? Yes \_\_\_ No \_\_\_

Have you ever willfully or intentionally refused to pay rent when due? Yes \_\_\_ No \_\_\_

Do you have any outstanding debt or loans? Yes \_\_\_ No \_\_\_

Have you filed bankruptcy? Yes \_\_\_ No \_\_\_

Additional information about credit history: \_\_\_\_\_

**PLEASE TELL US ABOUT YOUR EDUCATION**

Please indicate the level of education you have completed: \_\_\_\_\_

Have you ever taken any other training? Yes \_\_\_\_\_ No \_\_\_\_\_

Describe training: \_\_\_\_\_

**PLEASE PROVIDE YOUR EMPLOYMENT INFORMATION**

Are you presently employed? Yes \_\_\_ No \_\_\_

Type of employment: Fulltime \_\_\_\_\_ Part-time \_\_\_\_\_ Temporary \_\_\_\_\_ Day Labor \_\_\_\_\_

Present employer: \_\_\_\_\_ What is your hourly rate of pay? \_\_\_\_\_

Location or city: \_\_\_\_\_ Name or title of position: \_\_\_\_\_

Date started with current employer: \_\_\_\_\_ Current employer phone: \_\_\_\_\_

Are you seeking an additional job or a change in employment? Yes \_\_\_ No \_\_\_

What type of employment are you seeking? \_\_\_\_\_

Date you last had any kind of job: \_\_\_\_\_

Do you have any current documents to work in the United States? \_\_\_\_\_  
(I.D., SS Card, birth certificate, green card, etc.)

**OTHER SOURCES OF INCOME: SSI, RSDI, MSA, Unemployment, VA Pension, Retirement ect.**

If you have other sources of income that you would like us to consider, please list income from all sources:

Source: \_\_\_\_\_ Monthly Amount: \_\_\_\_\_

Source: \_\_\_\_\_ Monthly Amount: \_\_\_\_\_

Payee's name: \_\_\_\_\_ Phone number: \_\_\_\_\_

**CRIMINAL HISTORY**

Do you have a criminal record? Yes \_\_\_ No \_\_\_

Where? \_\_\_\_\_ What year? \_\_\_\_\_

Charges/convictions: \_\_\_\_\_

Are you on probation/parole? Yes \_\_\_ No \_\_\_

Since when? \_\_\_\_\_ When does your probation expire? \_\_\_\_\_

Probation officer name: \_\_\_\_\_ Probation officer phone #: \_\_\_\_\_

Are you a registered sex offender? Yes \_\_\_ No \_\_\_

**PREFERENCES (YOU ARE NOT REQUIRED TO ANSWER)**

Have you been diagnosed with AIDS or HIV? Yes \_\_\_ No \_\_\_

Are you impaired by a disability? Yes \_\_\_ No \_\_\_

**EMERGENCY/SUPPORT CONTACT**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Do you have a case manager or social worker? Yes \_\_\_ No \_\_\_

Case manager's name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Please give any additional information that might help owner/management evaluate this application.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby apply to lease the above described premises for the term and upon the set conditions above set forth and agree that the rental is to be payable the first day of each month in advance. As an inducement to the owner of the property and to the agent to accept this application, I warrant that all statements above set forth are true.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**Catholic Charities  
St. Christopher Place  
Housing Application for Single Adults**

**AUTHORIZATION TO RELEASE INFORMATION**

I agree to permit an investigation of my credit, tenant history, banking, and employment for the purposes of renting an apartment with this owner/manager.

\_\_\_\_\_  
Name (please print)

X

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date