

Pre-Tenancy Application Form



Please complete this pre-tenancy form. Your information will be held on file up to 3 months. You will be contacted to see if you continue to have a housing need and remain interested in properties that become available. You may be required to provide updated information and complete a Tenant Application at the time housing is available.

Tenancy details					
My Housing Need is	<input type="checkbox"/> 1bdrm	<input type="checkbox"/> 2bdrm	<input type="checkbox"/> 3bdrm	<input type="checkbox"/> 4bdrm	<input type="checkbox"/> Other
I Need Housing	<input type="checkbox"/> Immediately	<input type="checkbox"/> Next 30 days	<input type="checkbox"/> 2-3 mo.	<input type="checkbox"/> 4-6 mo.	<input type="checkbox"/> 12 mo.
I am Currently	<input type="checkbox"/> Homeless	<input type="checkbox"/> Pending Eviction	<input type="checkbox"/> Searching for Housing	<input type="checkbox"/> Leased until ___/___/	
Indicate if you have a housing voucher, or receive rental assistance: <input type="checkbox"/> HCV <input type="checkbox"/> CMH <input type="checkbox"/> DHHS					
Applicant Detail:					
Full Name:			Date of Birth: ___/___/_____		
Current Address:			How long have you lived here:		
City:	State:	Zip:	County:		
Mobile Number:			Email:		
Alternative Contact Number:			Contact me by: <input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> SMS		
Total Occupants in Household:		Total Vehicles in the household:		Do you smoke? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Total Number of Pets in Household: _____ <input type="checkbox"/> Cat___ <input type="checkbox"/> Dog___ <input type="checkbox"/> Other					
Are you a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you receive income from: <input type="checkbox"/> Disability <input type="checkbox"/> SSDI <input type="checkbox"/> Child Support <input type="checkbox"/> Other			
Please indicate any request for Accommodations: <input type="checkbox"/> Handicap Accessible <input type="checkbox"/> Parking Accommodation <input type="checkbox"/> Other					
Identification: Please provide a copy of your Driver's License or Alternative Photo ID. (must provide photo ID) <input type="checkbox"/>					
Employment: Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No			Total Household Income per mo. \$		
Current Landlord details: If you are renting please provide your landlords name and phone number					
Landlord Name:			Phone:		
My Landlord is: <input type="checkbox"/> Private Landlord <input type="checkbox"/> Property Management Company <input type="checkbox"/> Friend or Family					
May we contact this person for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No If no why?					
References: Please provide two references we may contact. Friend, co-worker, employer or caseworker.					
Contact Name:			Phone:		
Contact Name:			Phone:		
I authorize GSM Properties, and its subagents, to collect, retain and use this information for the purpose of acquiring housing. <input type="checkbox"/> I am interested in learning more about services provided by Good Samaritan Ministries					
Signature: _____ Date_____					