Kanarry Housing Solutions LLC

"Building Bridges to Stable Futures"

Resident Intake & Background Check Application

Confidential — For Internal Use Only

Date of Application:	**Application #:**

SECTION 1: PERSONAL INFORMATION

Full Legal Name:

Preferred Name / Nickname:

Date of Birth:	**Age:**	**Gender: ☐ Male ☐ Female ☐ Non-Binary ☐ Prefer Not to Say**

Social Security Number (Last 4 Digits Only): ____-_____-_____

Race/Ethnicity (optional):

☐ Black/African American ☐ White ☐ Hispanic/Latino ☐ Asian ☐ Native American ☐ Pacific Islander

☐ Other:

Primary Phone:	**Secondary Phone:**

Email Address:

Current Address:

City:	State:	ZIP:

How long at current address?	Reason for leaving:

Emergency Contact Name:	Relationship:

Emergency Contact Phone:	Emergency Contact Email:

SECTION 2: HOUSEHOLD MEMBERS

Name	Relationship	Date of Birth	Age

Will any minors be residing with you? ☐ Yes ☐ No

Do any household members have special needs or disabilities requiring accommodation? ☐ Yes ☐ No

If yes, please describe:

SECTION 3: HOUSING HISTORY (LAST 3 YEARS)

Current / Most Recent Residence

Landlord/Agency Name:	Phone:

Address:	City:	State:	ZIP:

Monthly Rent: $	Lease Start:	Lease End:

Reason for Leaving:

Previous Residence

Landlord/Agency Name:	Phone:

Address:	City:	State:	ZIP:

Monthly Rent: $	Lease Start:	Lease End:

Reason for Leaving:

☐ **Have you ever been evicted?** ☐ Yes ☐ No If yes, explain:

☐ **Have you ever broken a lease?** ☐ Yes ☐ No If yes, explain:

☐ **Do you owe any back rent or balances to a landlord?** ☐ Yes ☐ No Amount: $

☐ **Have you ever been denied housing?** ☐ Yes ☐ No If yes, explain:

SECTION 4: EMPLOYMENT

&

INCOME

Employment Status: ☐ Full-Time ☐ Part-Time ☐ Self-Employed ☐ Unemployed ☐ Retired ☐ Disability ☐ Student

Current Employer

Employer Name:	**Position/Title:**
Employer Phone:	**Supervisor Name:**
Employment Start Date:	**Monthly Gross Income: $**

Work Address:

Other Income Sources (check all that apply)

☐ **SSI/SSDI — Amount: $**	☐ **Child Support — Amount: $**
☐ Unemployment — Amount: $	☐ TANF/Benefits — Amount: $
☐ Rental Income — Amount: $	☐ Other: — Amount: $

Total Monthly Income: $

SECTION 5: PERSONAL REFERENCES (Non-Family)

Reference 1

Name:	Relationship:

Phone:	Email:

How long have you known this person?

Reference 2

Name:	Relationship:

Phone:	Email:

How long have you known this person?

SECTION 6: PROGRAM-SPECIFIC QUESTIONS

What type of housing assistance are you seeking?

☐ Transitional Housing ☐ Supportive Housing ☐ Rapid Rehousing ☐ Long-Term Placement ☐ Other:

Are you currently homeless or at risk of homelessness? ☐ Yes ☐ No

If yes, how long have you been without stable housing?

Are you currently receiving case management services? ☐ Yes ☐ No

If yes, agency name:

Do you have a voucher (Section 8/HCV)? ☐ Yes ☐ No	Voucher #:

Have you completed any housing readiness programs? ☐ Yes ☐ No

If yes, please describe:

What are your housing goals for the next 12 months?

Are there any barriers to housing we should be aware of? (check all that apply)

☐ Criminal history ☐ Poor credit ☐ Eviction history ☐ Domestic violence history
☐ Substance use history ☐ Mental health history ☐ No rental history ☐ Other:

SECTION 7: BACKGROUND CHECK AUTHORIZATION

I, the undersigned, hereby authorize Kanarry Housing Solutions LLC to obtain a consumer report and/or investigative consumer report including, but not limited to: criminal background history, credit history, rental history, employment verification, and identity verification. I understand that this report will be used to evaluate my eligibility for housing placement.

I certify that all information provided in this application is true and accurate to the best of my knowledge. I understand that providing false information may result in immediate denial or termination of housing services.

I understand that I have rights under the Fair Credit Reporting Act (FCRA) including the right to know if a housing decision is made based on information in the report, and the right to dispute inaccurate information.

Printed Full Name:

Date of Birth:

Social Security Number: ____-__-_____ *(Required for background check)*

Driver's License / State ID #:	**State Issued:**

Signature:	Date:

SECTION 8: APPLICANT CERTIFICATION

&

CONSENT

By signing below, I certify that all information provided in this application is complete, truthful, and accurate. I authorize Kanarry Housing Solutions LLC and its authorized agents to verify all information provided herein. I understand that misrepresentation or omission of any information may result in denial of services or immediate termination of a housing agreement.

I agree to comply with all program rules, policies, and requirements of Kanarry Housing Solutions LLC.

Applicant Signature:	Date:

Printed Name:

SECTION 9: FOR OFFICE USE ONLY

Application Received By:	Date:

Background Check Ordered: ☐ Yes ☐ No	**Date:**

Background Check Cleared: ☐ Yes ☐ No	**Notes:**

Credit Check Cleared: ☐ Yes ☐ No	**Notes:**

Rental History Verified: ☐ Yes ☐ No

References Verified: ☐ Yes ☐ No

Application Status: ☐ Approved ☐ Denied ☐ Pending ☐ Waitlisted

Decision Notes:

Staff Signature:	**Date:**

Supervisor Approval:	**Date:**