



Greater Richmond Interfaith Program
165 22nd Street, Richmond, CA 94801 • (510) 233-2141

PERMANENT HOUSING RENTAL/INTAKE FORM

Date _____

ID#: _____ Applicant Name: _____

Phone: _____ DOB _____ SS# _____

Are you homeless? Yes No

If yes, where do you sleep at night? _____

How long have you been sleeping there? _____

Where did you sleep before that? _____

How long were you there? _____

Do you have a disability? Yes No

If yes, what kind of disability do you have? _____

Do you have documents from a professional with information about your diagnosis, medications, medical future etc.? Yes No

Monthly	Income Amt _____	Source 1 _____
	Income Amt _____	Source 2 _____
	Income Amt _____	Source 3 _____
	Income Amt _____	Source 4 _____
		Total _____

Have you ever been in money management? Yes No

Are you open to having a representative payee/money management? Yes No

Have you ever been party to an eviction? Yes No When _____

Do you owe money? No Yes

If yes are you currently paying on it? Yes No How much do you owe? _____

Have you ever received a Season of Sharing grant? Yes No

I CERTIFY that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for tenant screening as may be necessary in arriving at a tenant decision. I understand that the landlord may terminate any lease agreement entered into for any misrepresentation made above.

Applicant's Signature _____ Date _____