

Date \_\_\_\_\_

Date received \_\_\_\_\_ By Whom \_\_\_\_\_

## RESIDENT APPLICATION FOR GOD'S RESORT HOUSING

**GOD'S RESORT** is a relationship-based transitional housing community exclusively for people seeking the love and support of Christ-followers. The community of Christ-followers walks alongside the residents of GOD'S RESORT to offer hope and truth to them as they commit to a lifestyle that honors God, and enables them to reach their full potential.

As a resident of GOD'S RESORT, *you will commit to honor our Rental Agreement and the rule of **no drugs or alcohol, and no overnights guests (without prior approval)***, and not to isolate yourself from the GOD'S RESORT community.

*I understand that if I falsify information given in this application or in the interview process that I will forfeit consideration for residency.*

*I understand that I will need to show 1) Identification, a 2) Social Security Card, and 3) proof of income.*

### **APPLICANT** *(Use separate applications for each adult resident)*

Date \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Middle Name \_\_\_\_\_

Phone number \_\_\_\_\_

Email address \_\_\_\_\_

Social Security # \_\_\_\_\_ Birth date \_\_\_\_\_

Place of birth \_\_\_\_\_

How did you hear about GOD'S RESORT? \_\_\_\_\_

\_\_\_\_\_

How many people will be living in the apartment? \_\_\_\_

How many children will be living in the apartment? \_\_\_\_

Are the people related? \_\_\_\_yes \_\_\_\_no

If no, what is the relationship? \_\_\_\_\_

\_\_\_\_\_

### VEHICLE

Driver's License # \_\_\_\_\_ License Plate # \_\_\_\_\_

Vehicle Make \_\_\_\_\_ Model \_\_\_\_\_

Year \_\_\_\_\_ Color \_\_\_\_\_

### CURRENT RESIDENCE

Current Address \_\_\_\_\_

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

Current Landlord \_\_\_\_\_ Phone number \_\_\_\_\_

How long have you resided at this address? \_\_\_\_\_

Please share your reason for leaving if your stay was less than two years:

\_\_\_\_\_

### EMERGENCY CONTACT

In case of emergency notify:

Name \_\_\_\_\_ Address \_\_\_\_\_

City, State \_\_\_\_\_ Cell phone # \_\_\_\_\_

Home phone # \_\_\_\_\_ Work phone # \_\_\_\_\_

### INCOME

Current Employer \_\_\_\_\_ # of hours per week \_\_\_\_\_

Your Job Title \_\_\_\_\_

Employer contact name and phone # \_\_\_\_\_

Employer address \_\_\_\_\_

Do you give GOD'S RESORT management permission to contact your employer?

\_\_\_yes \_\_\_no

I am paid \_\_\_weekly \_\_\_ bi-weekly \_\_\_ monthly

Do you have any garnishments taken out of your check? \_\_\_yes \_\_\_no

Explain: \_\_\_\_\_

**Other Possible Forms of Income** *(Please check all that apply)*

Social Security \_\_\_ Disability pending \_\_\_ Disability \_\_\_

Unemployment \_\_\_ Other \_\_\_\_\_

**PAST EMPLOYERS** *(Please list past 3 employers in reverse chronological order)*

Employer \_\_\_\_\_

Job Title \_\_\_\_\_ Dates of Employment \_\_\_\_\_

Contact name and number for employment verification \_\_\_\_\_

Employer \_\_\_\_\_

Job Title \_\_\_\_\_ Dates of Employment \_\_\_\_\_

Contact name and number for employment verification \_\_\_\_\_

Employer \_\_\_\_\_

Job Title \_\_\_\_\_ Dates of Employment \_\_\_\_\_

Contact name and number for employment verification \_\_\_\_\_

**EDUCATION** *(please check all that apply)*

Completed high school \_\_\_ GED \_\_\_ College \_\_\_ (how many years? \_\_\_\_\_)

Technical training \_\_\_ Other \_\_\_\_\_

**CITIZENSHIP**

Are you an American citizen? \_\_\_yes \_\_\_no

Is your spouse an American citizen? \_\_\_yes\_\_\_ no (if no, please provide documentation of being in the U.S. legally)

## REFERENCES

If applicable, I grant God's Resort permission to confer with individuals who are associated with programs that I have been or am currently involved with.

\_\_\_ yes \_\_\_ no

**CHARACTER REFERENCES** *(Please list two character references. These should be people who have known you well for a long time, such as a coworker or neighbor, and can speak about your character and qualities. Do not list family members.)*

### Reference 1

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

How person knows you \_\_\_\_\_

### Reference 2

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

How person knows you \_\_\_\_\_

## LEGAL

Do you have any felony convictions? \_\_\_ yes \_\_\_ no \_\_\_ pending

Please explain: \_\_\_\_\_

\_\_\_\_\_

Are you on any of the following? *(Please check all that apply)*

Probation \_\_\_ Parole \_\_\_ Have a pending case \_\_\_

Ex-parte against you \_\_\_ Other \_\_\_\_\_

Are you willing to sign a release allowing GOD'S RESORT management to speak with your probation or parole office, substance abuse counselor, therapist, or pastor? \_\_\_ yes \_\_\_ no

Please explain:

\_\_\_\_\_

\_\_\_\_\_

What will I learn from a national background check?

Please explain: \_\_\_\_\_

\_\_\_\_\_

In what states do you have a record or case(s) pending?

\_\_\_\_\_

Do you pay child support? \_\_\_\_yes \_\_\_\_no

If yes, are your payments current?

\_\_\_\_\_

Do you have fines to pay? \_\_\_\_yes \_\_\_\_no

Do you have other court ordered payments? \_\_\_\_yes \_\_\_\_no

### STATEMENTS OF AGREEMENT

Please initial next to the statements to which you agree.

*I understand that **drugs and alcohol are forbidden** on the GOD'S RESORT property and residents agree to abstain from their use both on and off the GR campus. I agree to random or at-will drug/alcohol screenings (at the expense of GOD'S RESORT management). \_\_\_\_\_ (initial)*

*I understand that no person(s) other than those listed on the rental agreement can occupy or spend the night in my apartment without notification prior to their stay, and **there shall be no exceptions**. \_\_\_\_\_*

*I understand that I cannot have a pet in my apartment at any time. \_\_\_\_\_*

*I understand that there is no smoking in any apartment or GOD'S RESORT building, and agree not to smoke in any GOD'S RESORT building. \_\_\_\_\_*

*I understand that I am to let GOD'S RESORT management know of any police contact within 24 hours, and I agree to do so. \_\_\_\_\_*

*I understand that the pest exterminator comes once a month and will enter my dwelling along with the Landlord. \_\_\_\_\_*

*I affirm that the information in this application is accurate and correct. \_\_\_\_\_*

Signature \_\_\_\_\_ Date \_\_\_\_\_