

IMPORTANT- Application is not considered complete and eligible for waitlist or processing unless all required documentation is provided.

- Valid Photo ID
- Social Security Card
- Proof of Income



Office Use Only:

Date of Application: ____/____/____

Time of Application: ____:____ am / pm

Second Avenue Commons Rental Application

___ Are you experiencing homelessness?

___ Have you been approved for **Permanent Supportive Housing** or **Rapid Rehousing** assistance?

All completed application must be submitted with the following documents. Application will not be added to a waitlist until the required documents are provided.

___ Valid Photo ID ___ Social Security Card ___ Proof of Income

Date: _____

First Name: _____ Last Name: _____

Date of birth: ____/____/____ Social Security No: _____

Phone Number: _____

Email: _____

What is the first night you will need a room? _____

How long do you anticipate staying at Centre Avenue Housing? _____

Current Employer

Employer's Name _____

Address _____

Position _____

Supervisor _____ Phone Number _____

Length of employment: Years _____ Months _____

Are you currently collecting welfare, unemployment, or social security? no yes

Monthly amount received: _____

Do you have a Payee? no yes

Payee's Name _____

Phone Number _____

Organization (if applicable) _____

Do you have a case worker? no yes

Case Worker's Name _____

Phone Number _____

Organization _____

Do you have a social worker? no yes

Social Worker's Name _____

Phone Number _____

Organization _____

Residence History

Previous Address: _____

Landlord Name: _____ Phone Number: _____

How long at address: Years _____ *Months* _____

Legal History

Have you ever been convicted of a crime? no yes

If yes, please explain: _____

Please list any past convictions or jail time: _____

Are you currently on parole or probation? no yes

If yes, what is the name of the parole/probation officer? _____

Phone number: _____

Medical Information

Please list any medical conditions you think we should be aware of such as Diabetes, Epileptic Seizures, Hepatitis, etc. _____

Emergency/ Alternate contact information- We may also contact this person if we are having trouble reaching you regarding your application. This should be a person who can still get in contact with you if your phone is off or your number changes.

You are authorizing us to reach out and discuss your application with the person

Name _____

Address _____

Phone Number _____

Relationship _____

Acknowledgement and Authorization for Background Check

I hereby authorize the obtaining of “consumer reports” and/ or investigative consumer reports by NDC Asset Management. NDC Asset Management reserves the right to investigate the above information. I acknowledge that this information is true to the best of my knowledge. Any information that is found to be false can lead to the disqualification from consideration for a room. By signing below, I give written consent for NDC Asset Management to conduct a background check which will be used to determine eligibility for housing. Background check is conducted by RealPage Inc. 2201 Lakeside Blvd, Richardson Tx. 75082 1-866-934-1124.

I do _____ do not _____ authorize you to contact, through RealPage Inc. my current employer for employment and references verification (Checking “I do” will authorize inquires to the Human Resources Department and to any listed supervisor.)

I also consent to have any legally required notices sent electronically.

Printed Name: _____

Applicant’s Signature _____ Date _____

Last Name: _____ Frist Name: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: ____/____/____ Social Security Number : _____

Drivers License or Photo ID # _____ State: _____

Email Address: _____

