



Hope Restorations, Inc.

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Kinston, NC 28503
(252) 560-7507

www.hoperestorationsnc.org

email: hoperkinstonnc@gmail.com

Application to Rent a Home

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Current Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Phone: _____ Email _____

Date Needed: _____ Social Security No.: _____ Rent Budget: \$ _____

Number of Bedrooms needed: _____

Are you a Section-8 Tenant? YES NO

Have you ever been evicted? YES NO If yes, when and why? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three non-family references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Current Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your supervisor for a reference? YES NO

Current Landlord

Name or Company: _____ Phone: _____

Landlord's Address: _____

Address of Rental _____ City & State: _____ Monthly Rent:\$ _____

Reason for Leaving: _____

From: _____ To: _____ Other Information: _____

May we contact this landlord for a reference? YES NO

Tell Us About You and Your Family

List everyone who will live with you, and tell us their relationship: _____

Please tell us anything you want to share about yourself, your past, your current situation, and/or why you want to participate with Hope Restorations, Inc.

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to a lease agreement, I understand that false or misleading information in my application or interview may result in the termination of my lease.

I also understand and agree that my successful participation in regular and random drug and alcohol screening programs are a required part of my participation with Hope Restorations Inc.

Signature: _____ Date: _____