



## Summary and Eligibility

Well House is a non profit that provides housing for vulnerable populations experiencing a housing crisis. We give priority to those who cannot access subsidized housing in the community and who have the most barriers to housing. All applicants must identify at least one Support Person who can be called if housing stability is at risk.

**Shared Housing** - Individuals and families of two can rent a room from Well House for an indefinite amount of time. Individual rooms are on average \$350 per month. The rent amount includes the room, which has a lock on the door, as well as, a portion of gas, water & electric and some furniture. The rest of the home is shared.

**Single Family Home** - Well House has several single family homes for rent. We accept Housing Choice Vouchers, however a voucher is not required to be eligible.

### Eligibility

- Ability to live independently
- Must have a form of income
- Identified Support Person

### Procedures

1. All applicants over 18 must complete & sign a Well House Application for Tenancy.
2. All completed and signed supporting documentation must be turned in with application.
3. A criminal background check and credit check will be completed before determining eligibility.

### Supporting Documentation Required

- Color copy of photo ID for any occupants over 18
- Copy Social Security card for ALL occupants
- Proof of Income
  - Past 30 days of paycheck stubs from current employer
  - Copy of social security (SSI, SSDI, etc.) benefit letter
  - Copy of past 12 month child support income
  - Any other type of income you receive on a regular basis (unemployment, court ordered income)
- Complete & signed Housing Situation Statement from service provider or community member
- Completed & signed Support Person Authorization Form
- Signed Tenant-Landlord History Form

### Categories of Rejection

- Income - A source of income is required to be eligible.
- Credit Report - The credit report is not used to determine eligibility. Applicants eligible for single family homes will be required to provide proof that utilities will be put in their name.
- Rental History - Applicants will be required to provide previous landlord contact information. Rental history and evictions will be evaluated case by case and may result in a denial of application.
- Criminal History - A criminal background check will be completed. Well House will not accept anyone who is on the sex offender registry or anyone with recent felonies involving harming other people or property.



## Application for Tenancy

Name: \_\_\_\_\_ Family Size (including you): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Are you applying for shared housing or a single family home? \_\_\_ Shared Home, \_\_\_ Single Family

Housing Status/Current Living Situation: \_\_\_\_\_

What is your Current or Last Permanent Residence? \_\_\_\_\_

How long ago? \_\_\_\_\_ Reason for leaving: \_\_\_ lease end, \_\_\_ eviction, \_\_\_ other

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

Current/Previous Landlord Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Source of Income: \_\_\_ Yes \_\_\_ No Income Source: \_\_\_\_\_ *Proof of income required*

Income Amount (monthly): \_\_\_\_\_ Are you Employed? \_\_\_ Yes \_\_\_ No

Place of Employment: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Do you have a criminal history? \_\_\_ Yes \_\_\_ No If yes, please explain: \_\_\_\_\_

Are you currently working with any organizations or agencies? \_\_\_ Yes \_\_\_ No

If yes, name of organization: \_\_\_\_\_

### Support Person/Emergency Contact

Name: \_\_\_\_\_ Title/Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

I certify that all the information on this application is accurate and complete to the best of my knowledge. I authorize Well House to do a criminal background and credit check.

Sign Name: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Witness: \_\_\_\_\_





## Housing Situation Statement

I certify that \_\_\_\_\_

\_\_\_\_\_ Is living in a place not meant for human habitation, such as cars, parks, sidewalks, abandoned buildings or on the street.

**\*\* Verification: attach statement of situation and signature of current service provider.**

\_\_\_\_\_ Is staying in an emergency shelter for homeless persons.

**\*\*Verification: please attach a statement of situation with signature of shelter staff.**

\_\_\_\_\_ Is a temporary resident in a hotel/motel through sponsorship by a service agency or hotel voucher program. No subsequent residence has been identified and the person lacks the resources and support needed to obtain housing.

**\*\*Verification: please attach statement of situation, proof of hotel voucher, and signature of current service provider.**

\_\_\_\_\_ Is being discharged from an institution, such as mental health or substance abuse treatment facility, or jail or prison and was living in an emergency shelter or on the streets immediately prior to entering the institution.

**\*\* Verification: please attach a statement of situation and signature of the institution staff member.**

\_\_\_\_\_ OTHER. Describe the current housing situation below. (Attach a separate sheet if needed)

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### **Housing History:**

Last permanent address(s) past 5 years: \_\_\_\_\_

Name of previous landlord: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### **Does this person meet HUD's definition of Chronically Homeless as listed below?**

*"Chronically homeless is defined as 'an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more OR has had at least four (4) episodes of homelessness in the past three (3) years.' To be considered chronically homeless, a person must have been sleeping in a place not meant for human habitation ( i.e. living on the streets) or in an emergency shelter."*

\_\_\_\_\_ Yes, this person is chronically homeless.

\_\_\_\_\_ No, He/she is currently but not chronically homeless.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Provider Organization: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_





**WELL HOUSE MISSION**

Expand, Provide and Safeguard Low-Cost Housing Options for Vulnerable Populations

**USE OF THIS FORM**

A poor landlord-tenant history does not disqualify applicants from housing. Information obtained from landlords is for comprehensive vetting--necessary for our shared-living model.

**LANDLORD-TENANT HISTORY**

Previous Landlords

Applicant Name(s)

Contact information and address must be accurate. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I have applied for housing and stated that I rented from you. My signature below authorizes verification of the information asked below.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

To be completed by Well House Staff

1. Did the applicant owe rent at the end of their tenancy? NO \_\_\_\_\_ YES \_\_\_\_\_

HOW MUCH \$ \_\_\_\_\_

2. Did you evict the applicant? NO \_\_\_\_\_ YES \_\_\_\_\_

PRIMARY REASON? \_\_\_\_\_

3. Did the applicant keep their unit clean? NO \_\_\_\_\_ YES \_\_\_\_\_

4. Did the applicant cause excessive noise or disturbances? NO \_\_\_\_\_ YES \_\_\_\_\_

5. Did the applicant or their guests cause damage to the property? NO \_\_\_\_\_ YES \_\_\_\_\_

PRIMARY DAMAGE? \_\_\_\_\_

6. Would you rent to this tenant again? NO \_\_\_\_\_ YES \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

Landlord Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone (daytime): \_\_\_\_\_ (evening): \_\_\_\_\_ Email: \_\_\_\_\_

Landlord may fax or email responses to expedite the process.

Well House | 600 Cass Ave SE Grand Rapids, MI 49503 | 616.245.3910 | FAX: 616.241.4498  
contact@wellhousegr.org



**SUPPORT PERSON ROLES & RESPONSIBILITIES**

Applicants must identify a Support Person to be eligible to live at Well House. The support person will be the main contact for ensuring tenant’s stability and will be contacted in the event that housing is at risk. We have learned through repeated episodes that a reliable & committed Support Person is necessary for some tenants whose housing may be at risk due to lease violations and/or non payment of rent.

Expected Support Person activities include;

- Commitment. A Support Person must be able to commit and follow through when a need arises.
- Regular communication with tenant and Well House staff.
- Connect tenants to outside resources that promote housing stability (rental assistance, mental health services, etc.)
- Conflict resolution between tenants and/or neighbors.
- Helping to find alternative housing when Well House is no longer a proper fit.

The ultimate goal is to keep individuals and families housed successfully.

We want to house vulnerable people. Vulnerable people need reliable and consistent support.

**Please sign stating you understand the role and expectation of being a Support Person.**

\_\_\_\_\_  
Support Person Print Name

\_\_\_\_\_  
Support Person Signature

\_\_\_\_\_  
Date

**SUPPORT PERSON AUTHORIZATION**

CLIENT/TENANT NAME: \_\_\_\_\_

The primary Support Person for the client/tenant will be: \_\_\_\_\_ from (organization)/relationship \_\_\_\_\_. The Support Person understands that they will be the main contact for ensuring tenant’s stability and will be contacted in the event that housing is at risk.

Support Person’s Emergency Contact Information:

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

ID provided: \_\_\_\_\_ (attach color copy)

Initial that you understand the terms and conditions:

\_\_\_\_\_ The client/tenant (named above) understands that living at Well House is their choice and the lease must be followed to maintain housing.

\_\_\_\_\_ Client/Tenant authorizes Well House to communicate with Support Person and other providers to address client/tenant’s housing stability challenges and needs.

\_\_\_\_\_ Client/Tenant understands that having a Support Person is required to be housed at Well House. If for some reason you lose your Support Person, a support must be identified.

\_\_\_\_\_ Support Person acknowledges that client/tenant can live independently.

Tenant signature: \_\_\_\_\_ Date: \_\_\_\_\_

