



Please read the entire application packet.

Summary

Well House is a non profit that provides low cost rental housing for vulnerable populations experiencing a housing crisis. **We are not an emergency shelter or a program.** All applicants must identify at least one Support Person who can be called if housing stability is at risk.

Type of housing

- **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 between \$375 - \$475 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 Criteria

- Ability to live independently
- Income - a source of income is required to be eligible
- Identified Support Person - applicants must identify at least one Support Person who can be called if housing stability is at risk.
- Credit Report - the credit report is **not** used to determine eligibility.
- Rental History - applicants will be required to provide previous landlord contact information. Rental history and evictions will be evaluated case by case basis
- Criminal History - a criminal background check must be completed. Well House can not accept anyone who is on the sex offender registry or anyone with recent felonies involving harm of people or property.
- Individuals being discharged from an institutionalized setting (emergency room, jail, rehab, nursing home, etc) are not eligible.

Next Steps if you meet the eligibility criteria listed above

1. Fill out Well House Application for Tenancy - all applicants over 18 must complete & sign an application.
2. All completed and signed supporting documentation must be turned in with application.
 - a. Incomplete applications and supporting documents will result in the application being denied.

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



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)

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: _____





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: _____





LANDLORD REFERENCE CHECK

Date: _____

Applicant(s) Name: _____

Address of Previous Tenant: _____

Previous/Current Landlord/Property Manager: _____ Phone #: _____

Previous/Current Landlord/Property Manager Address: _____

Previous/Current Landlord/Property Manager Email Address: _____

I hereby authorize _____ (name of the landlord or property manager of the rental which you are applying for) to investigate my rental history. The investigation may include, but is not limited to, the questions listed below.

Signature of Applicant

Date

Signature of Applicant

Date

To be completed by the previous landlord/property manager:

Dates of residency: from _____ to _____ Total # of months: _____

1. Did the resident pay their rent on time? Yes No
2. How much rent was paid each month by this tenant(s) _____
3. Did you receive a security deposit? Yes No
4. Did you return the full security deposit to the tenant(s)? Yes No
5. Did you have to evict this tenant? Yes No
If yes, what type of eviction did you do?
 - Non-Payment of Rent
 - Notice to Quit, Lease Violations
 - Notice to Quit, Drug Activity
 - Notice to Quit, Holding Over, Possession of Property
 - Notice to Quit, Violence
 - Other (Explain: _____)
9. Did the resident give you proper notice to vacate? Yes No
10. Would you rent to this tenant again? Yes No
11. Is the previous address indicated above the correct address for your rental unit? Yes No

Signature of Landlord/Leasing Agent: _____ Date: _____

Title: _____ Company: _____



We encourage and support the nation's affirmative housing program in which there are no barriers to obtaining housing because of race, color, religion, sex, national origin, handicap or familial status.