

Casa Milagro
Adult Therapeutic Community

Move In Process Check List

The following paperwork must be submitted along with the application in order for the possible resident to be considered for our program. If you do not have this paperwork please call us and we can give you information on how to obtain it. (Phone 474-7684)

- Proof of disability
- Proof of mental health diagnosis
- Documentation of homelessness (Examples: Pictures of camping site if living on the streets or letters with dates of stay at shelters)
- Copy of Benefit Statement
- Copy of Birth Certificate
- Copy of Social Security Card
- Copy of ID
- The most recent 6 months worth of bank statements (Ending balance for each month must be shown)
- Signed release of information for staff at Casa Milagro to speak with your providers (these forms are included in the application)

The following criteria must be met:

- Qualifies as low income
- 18 years or older
- No physical requirements requiring nursing care/ambulatory
- Clinically stable (No recent outbursts requiring restraint, stable on medications for the past 30 days)
- Capable of paying the \$200 food and program fee

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- Drug and alcohol free for the past 3 months and able to abstain from alcohol or illegal drugs for the duration of their stay**
- No violent history (verbally, emotionally and physically) and capable of getting along well in a community setting**
- Currently homeless (this means the possible resident is living on the streets, escaping domestic violence, or staying in a shelter)**
- Has a diagnosis of mental illness in writing from a mental health professional**
- Currently is receiving benefits from Social Security or Disability or has begun the application process**
- Capable of completing daily chores, participating in daily group meetings, and following the house rules**
- Must be stable on medications (taking them as prescribed by doctors)**
- Must be willing to attend group or individual therapy throughout the duration of their stay**

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YOUR RIGHTS AS A RESIDENT

A. Admission or services shall not be refused or provided differently to a resident because of your race, religion, color, national origin, sex, ancestry, physical or mental disability.

B. Additionally, each resident shall have the right to:

1. Have your records kept in a confidential manner, as law requires.
2. Have accurate and complete records during your stay in our facility.
3. Have your own personal possessions, so as to maintain your dignity, including the right to choose hair style and manner of dress you prefer.
4. Privacy, including the right to be free from the interference of others in all phases of daily hygiene, during visits with spouse, family member, or other visitors, and during time spent in your own room.
5. Human care in a safe and sanitary living environment.
6. Be treated with dignity and respect, including the right to be treated in a courteous manner by staff.
7. Participate in religious worship of your choice, or to refuse to practice any religious belief and to be free from the imposition of religious practices of others.
8. Send and receive correspondence unopened by others.
9. Private telephone conversations.
10. Receive visitors, including friends and relatives at the facility during visiting hours.
11. Receive visits from lawyers, persons who represent community legal services, or persons from other community groups in order to be advised of and to pursue access to legal rights and entitlements.
12. Associate freely with persons in and out of the facility, to participate in community groups and organizations, and to leave the facility and return to it without restriction.
13. Manage the use of personal funds or to accountability if funds are managed by the facility.
14. Notified of all residents rights.

C. If at any time your rights are restricted because of a treatment plan or to protect your health, safety, or welfare -- the reason for the restriction must be clearly documented in your records.

D. In addition to the affirmative rights listed, the facility is prohibited from:

1. Using physical or chemical restraints on a resident.
2. Abusing or neglecting a resident (slapping, hitting, striking, withholding food as punishment, verbally threatening, or failing to provide a resident with the level of services and degree or supervision needed).
3. Making a resident do involuntary work or imposing social isolation.
4. Retaliating against a resident because of your method of payment for services.

E. All the rights and responsibilities of a resident pass to the resident's guardian, next of kin, or sponsoring agency(s) if the resident is adjudicated incompetent under State law or is determined by your physician to be incapable of understanding your rights and responsibilities.

WE RESPECT YOUR RIGHTS AS AN INDIVIDUAL
AND WANT YOU TO LIVE HAPPILY IN CASA MILAGRO.
The Board of Directors



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CLIENT APPLICATION FOR HOUSING

Date of Application: _____
Name of Applicant: _____
Current Address: _____
Social Security Number: _____ Date of Birth: _____ Age: _____
Phone: _____ Sex: Male Female
Weight: _____ Height: _____ Eye Color: _____ Color of Hair: _____
Identifying Marks: _____

Contact person's name: _____
Contact person's phone: _____
Contact Person: Parents Mother Only Father Only Foster Parents
 Caseworker Other

Address of contact person: _____
Language(s) spoken and language used at home: _____
Guardian appointed by Court: Yes No Unknown
Marital Status: Single, never married Married Children
 Living as married Single, previously married

Income Sources and Amount Received Monthly: _____
SSI _____ SSDI _____ Other (List) _____
Medicaid # _____ Medicare # _____
Applicant's Doctor: _____ Phone: _____
Address of doctor: _____
Diagnosis: _____
Allergies: _____
Medicines being taken: _____

Medicines being taken: _____
Date of onset of illness: _____
Special needs: _____
Make and model of vehicle to be parked on premises: _____
Color: _____ Year: _____ License #: _____ State: _____
Have you ever been evicted: _____ Convicted of a felony: _____
Filed for bankruptcy: _____ Broken a rental agreement: _____
Been sued for rent or damages: _____

The Applicant understands that the Owner/Manager/Agent will obtain a credit report as part of the application approval process. Owner has agreed to take the dwelling unit off the market while owner considers approval of applicant. If applicant notifies the owner that he/she has changed their mind about taking the dwelling unit for any reason, the security/damage deposit will be retained by owner as liquidated damages and the parties shall have no further obligation to each other. Failure of applicant to execute a residential lease agreement with the specified time agreed upon between the parties will also constitute the forfeiture of the security/damage deposit, which will be retained by the owner as liquidated damages.

Applicant may not assume approval or rejection until such notice is actually received. If applicant is rejected the security/damage deposit will be promptly refunded less the application fees. If owner approves applicant, the security damage deposit will be credited towards the required security/damage deposit as identified in the lease agreement.

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CASA MILAGRO QUESTIONNAIRE

Date of Inquiry:

Name:

Date of Birth:

Social Security Number:

Diagnosis:

Living Situation

1. Describe you living situation for the past five (5) years? _____

2. Have you ever lived independently? How was that for you? _____

3. Do you prepare your own meals? _____

4. What do you like to eat? _____

Medical/Mental Health

5. Casa Milagro is meant to be a very safe and accepting home for those experiencing difficulty with mental health. What are your biggest struggles with your mental health? What symptoms do you experience? _____

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6. What are your physical needs? _____

7. What medications do you currently take? _____

8. Does someone help you get and monitor your medications? _____

9. Please list any doctors, psychiatrists, specialists, or therapists that you see: _____

10. Do you smoke? _____

11. List all allergies to food and other: _____

12. Are you able to participate in a short, very gentle morning exercise? _____

13. Are you able to complete daily chores on your own and cook one meal per week with the help of a staff member? _____

14. When was the last time you had any drugs or alcohol? _____

15. What is your sleep schedule like? _____

16. Do you have need for any special accommodations? _____

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History

17. Brief childhood history: _____

18. Substance abuse history: _____

19. Are there any significant trauma experiences that you would like to tell us about?
This can also be discussed in person: _____

20. What work or volunteer experience do you have? _____

21. What level of education do you have? _____

Preferences

22. What activities do you like to do in your spare time? _____

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23. What are your life goals or what would you like to accomplish while living at Casa Milagro? _____

Social Interactions

24. Do you get along well with animals? _____

25. Do you have a pet? _____

26. How do you get along with other people? _____

27. How do you deal with conflict? _____

28. There will be 11 other residents and 24 hour staff at Casa Milagro. How would you feel about this kind of living situation? _____

29. Have you ever had a time where you became violent for some reason? What happened? _____

30. If you have ever been evicted what happened? _____

31. Describe your support system? (Family/Friends) _____

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32. Do you have any daily routines that you follow? _____

Casa Milagro
49 Camino Bajo
Santa Fe, New Mexico 87508
Phone:505-474-7684 Fax:505-438-4877

RELEASE OF INFORMATION

Date: _____ Name of Patient/Client: _____,

Date of Birth: _____ Medical Record #: _____,

I, _____, hereby authorize, _____,
Name & Title (if available)

Of _____,
(Name of facility and address)

to release records or other information obtained in the course of my diagnosis and treatment, at your facility to:

_____,
(Name of facility/Doctor-Therapist, Title/Address)

The disclosure of records authorized herein is required for the following purpose(s):

_____,
and disclosure shall be limited to the following information:

- | | | |
|--|--|---|
| <input type="checkbox"/> History & Physical | <input type="checkbox"/> Psychological Tests & Reports | <input type="checkbox"/> Dental records |
| <input type="checkbox"/> Mental health records | <input type="checkbox"/> Psychotherapy notes | <input type="checkbox"/> Immunization records |
| <input type="checkbox"/> Complete medical record | <input type="checkbox"/> Complete billing record/itemized bill | |
| <input type="checkbox"/> Discharge Summary | <input type="checkbox"/> Lab test results | <input type="checkbox"/> X-Ray or other diagnostic images |
| <input type="checkbox"/> Other (specify): _____ | | |

To the extent my records contain information about drug and/or alcohol abuse or treatment, I agree to the release of this information: ___ Yes ___ No

To the extent my records contain information about sexually transmitted disease, Hepatitis B & C testing and/or treatment, or HIV/AIDS testing and/or treatment, I agree to the release of this information: ___ Yes ___ No

Identify dates of services of records to be used/disclosed:

All dates of service Specific dates from: _____ to: _____

At request of individual (*check here if patient/client is requesting the release and does not wish to provide the purpose*)

In cases where information is requested regarding my mental health, emotional and physical condition, I acknowledge that I have the right of access to such information and to make copies thereof and to submit clarifying or correcting statements in response thereto, unless my doctor feels it is not in my best interest.

This consent is subject to revocation by the undersigned at any time except to extent that action has been taken in reliance thereon, and if not earlier revoked it shall terminate on _____ without express revocation.

Client Signature _____ Date _____

Client Date of Birth _____ SSN _____

Attending Doctor/Therapist Approval _____

Witness _____ Date _____

**COPY OF COMPLETED & SIGNED RELEASE OF INFORMATION FORM
GIVEN TO PATIENT/CLIENT? _____ Yes _____ No**

**Release of Information Form Processed By: _____
(Name/Title of Employee) (Date)**

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House Rules

Casa Milagro has a no tolerance policy for the following violations. If any of the following rules are violated they will result in immediate notice of non-compliance:

- NO PHYSICAL VIOLENCE or threats of violence toward self or others.
- NO DESTRUCTION OR STEALING of property.
- NO ALCOHOL OR ILLEGAL DRUGS may be used on the property. This includes any alcohol or drug paraphernalia.
- NO FIREARMS, AMMUNITION, OR OTHER WEAPONS on the property.
- NO SMOKING INSIDE the house. There is a designated area on the back porch.
- NO LIT CANDLES OR INCENSE in the house due to fire hazard.
- NO MEDICATIONS OUTSIDE THE OFFICE.
- NON PAYMENT OF RENT OR FOOD/SUPPLY CONTRIBUTION.

We reserve the right to perform random room searches any time it is deemed necessary to insure the security of the home. Residents have the right to be present during these checks.

The following are required of every resident as part of the program provided at Casa Milagro:

Financial Responsibilities:

The rent is 30% of the resident's adjusted monthly income and is due at the 3rd of every month. This will change if the resident's income changes. Late or missed payments must only be under extenuating circumstances and must be discussed with the director. A payment plan will be made and followed. If the payment plan is not followed it can result in eviction.

A \$200 food/supply contribution is due on the 3rd of every month. This covers food for meals and household supplies (toilet paper, paper towels, tissues, cleaning supplies, kitchen supplies etc.). If a resident is on a special diet, as prescribed by a physician, staff and the resident will agree on an additional fee per month, depending on the cost of the diet. This will be added to the food/supply contribution.

There is a \$15 fee if a resident would like to have cable in their bedroom. This fee is also due on the 3rd of every month.

Casa Milagro is not responsible for the cost of any medications. A monthly bill for medications from the pharmacy will be added to payments made on the 3rd.

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Gas reimbursement for rides given to residents by staff is 50c per mile. This reimbursement will be tracked and collected on the 3rd of every month.

Please make these payments in separate checks or money orders. One check for rent and one for food/supply contribution. Please add the \$15 cable fee to the food/supply contribution check.

Casa Milagro provides 2 healthy meals per day along with some healthy snacks and breakfast food. Junk food, sodas, toiletries, room furnishings, clothing, and other personal supplies are the responsibility of the resident. Staff is available to help resident's create a budget for these things.

Medications:

Residents must take medications as prescribed by his/her doctor. Staff will not make any changes to medications (time taken, dose, type of medication) unless they have a note or prescription from the prescribing doctor. Residents should not refuse medications but rather continue taking the medication until a note from their doctor can be obtained. Staff will only give medications (including OTC) that have been prescribed by a doctor. Medication compliance is a requirement of residency at Casa Milagro.

Medications are given at 8AM, 12PM, 2PM, 4PM, 6PM, and 8PM. Residents are responsible to come to the staff office at the prescribed time. Staff will offer one reminder if a resident forgets to come for medications. Overnight staff will only distribute PRN medications.

All medications are locked in the staff office at all times and are accessible only by staff.

Residents are responsible for bringing all prescriptions to staff so they can be filled. Staff will not distribute a medication that does not have a written prescription. This includes over the counter medications and vitamins.

Residents are not allowed to give other residents their own prescription or over the counter medications due to risk of drug interactions.

Casa Milagro fills medications at Del Norte Pharmacy. If a medication cannot be filled by Del Norte another pharmacy will be contacted.

Meetings:

There is a Morning Meeting held every Monday-Friday around 9:30AM for up to an hour.

This is a time for everyone to come together as a community to communicate needs, have group discussions, organize for the day, get appointment reminders, and participate in

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gentle morning movement. **This meeting and movement are mandatory.** If it is missed more than three times, a meeting will be scheduled with staff to discuss solutions to the challenges of participation. If the reason for missing meetings is due to illness you may only miss up to one meeting without a doctor's note.

Additional House Meetings may be called at any time and must be attended.

Please put phones on silent during meetings. Please do not take any calls, make any calls, or text during meetings.

During meetings and at all other times (excluding therapy groups where it may be appropriate), residents should not go into detail about past trauma, abuse, or disturbing discussions with other residents. Staff is available to discuss and support residents when these topics come up. Please come to staff if you need support.

Personal Hygiene:

Residents are responsible for their personal grooming which includes bathing, tooth-brushing, shampooing, hair grooming, shaving, and care of nails.

Residents are encouraged to bathe or shower at least every other day. Appropriate dress and clean clothing are required daily. Please do not wear pajamas around the house, clothing with inappropriate messages or images on them, or overly provocative clothing.

Staff will give reminders to residents to shower or groom if it is necessary.

There are two washing machines and dryers. Residents are assigned a laundry day. All clothes, bedding, and towels should be washed on the assigned day.

Chore Contributions:

Each resident is required to complete **1 daily chore** and have a staff check that it is completed. This chore is chosen by the resident at Morning Meeting. Please keep in mind any appointments you have before choosing a chore at meeting.

Each resident is required to complete **1 weekly chore on Mondays** which is assigned by staff.

Each resident is required to complete a **Bed and Bath chore on Thursdays** which are assigned by staff.

All chores need to be completed before outings.

Each resident is required to cook 1 meal for the house per week. A staff member is available to assist with cooking. If a resident is unable to cook their assigned meal they

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are responsible for switching with another resident if the other resident is willing. If a resident is unable to switch with someone they are still responsible for cooking the meal.

Please do not leave the kitchen before cooking is completed.

Please wash hands before handling any food.

Staff creates a new menu every week. The goal is to provide residents with healthy meals that always include a vegetable or fruit. If a resident would like to choose a different meal please provide the information to staff before the shopping has been done. Please try to choose healthy meals.

If a resident does not like the meal being served they are welcome to eat leftovers or make something for themselves to eat.

Leaving the House:

Residents are required to sign out (by staff office door) and verbally notify staff if they are leaving the house.

Overnight stays with family or friends must be arranged in advance. Staff will pack medications and residents are responsible for taking medications while they are away.

If a resident stays away for two weeks, his/her room will be held only if prior arrangements have been made.

Bedtime:

Residents are required to be in their rooms by 11PM on weekdays and 12AM on weekends.

Residents are expected to remain in their rooms until 6:30AM. Please do not go out to smoke, watch TV in public areas, or make snacks after bedtime.

Staff is available in the living room at night if there are any emergencies or a resident needs a PRN medications.

Sharing and Loaning:

Residents may not borrow cigarettes, clothing, money or other items from other residents, nor loan such items to other residents. Staff is not responsible for any items loaned to other residents and will not help residents to collect items owed to them.

Grievance Policy:

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Each resident must read and follow the grievance procedures should they have a conflict with another resident or staff.

What to do if you have a conflict with another resident:

- 1) Please communicate directly with the person involved in the conflict to try to resolve the issue.
- 2) If the conflict is not resolved through direct communication please speak with a staff member. Staff will then mediate a meeting between the two residents in order to resolve the issue.

What to do if there is a conflict with a staff member:

- 1) Please communicate directly with the staff involved in the conflict to try to resolve the issue.
- 2) If the conflict is not resolved through direct communication, a complaint must be given in writing to the director within 48 hours. Depending on the nature of the conflict, the director will mediate a meeting between staff and the resident.
- 3) If the conflict is still not resolved residents may contact the board president.

Move Out Procedures:

Residents must give a thirty (30) day notice prior to moving out.

The resident's room, bathroom, and common POD living area must be clean and undamaged upon move out. The resident is responsible for the cleaning. The resident must accompany staff to fill out the Move In/Move Out Checklist once the room is clean and empty.

A staff will assess any damage to the resident's room, bathroom, and common POD living area. The resident is financially responsible for any damage.

Common Areas:

The residents of Casa Milagro share many common areas that need to be respected and kept clean.

All food and snack items will be eaten in the dining room, kitchen or at the tables on the back porch **only**. No eating or drinking in the bedrooms, living room, PODS, or meditation room. Residents may have bottled water in bedrooms.

Living Room:

Please clean up before leaving the living room. (Put away games, movies, magazines, personal items, trash etc.)

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Please do not use electronic cigarettes in the living room.

Residents may not watch TV in the living room for more than two (2) hours per day.

The TV and DVD player are shared. TV shows and movies must be agreed upon by all residents watching TV at the same time. Programs that are excessively violent, sexual, or preach hate are not allowed. Within these restrictions, residents may choose what TV or movies to watch.

POD Areas:

The PODs are sitting areas shared by three residents.

TV and Movies may be watched in these areas.

TV shows and movies must be agreed upon by all residents watching TV at the same time. Programs that are excessively violent, sexual, or preach hate are not allowed. Within these restrictions, residents may choose what TV or movies to watch.

TVs should be turned off when no one is watching them and during sleeping hours.

The PODs must be kept clean. Residents should not keep personal items in PODs.

No sleeping in POD areas. Do not leave blankets or pillows on the couches.

Kitchen/Dining Room:

Residents are expected to clean up after themselves. After meals, residents should rinse off all dishes they used and put them next to the sink. The resident assigned to the kitchen clean up chore will load the dishwasher. Please do not leave any dishes or trash on the dining tables or counters.

The resident who is cooking lunch or dinner should be the only resident in the kitchen during that time.

There are two refrigerators. One is for food designated for meals or personal items bought by residents. This refrigerator is locked and will be opened by staff during meal preparations and if a resident would like to take one of their items out.

The second is for leftovers and snacks. This refrigerator is not locked and the food is available to everyone unless it has a name on it.

Dry meals food is also kept in the cabinet next to the sink. This food should not be eaten and is intended for meals. The other dry items in other cabinets are available to everyone unless they have a name on them.

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If food does not have a name on it then it is available to everyone.

Do not eat food that has been labeled with a name and date. This is considered stealing. If a resident has eaten someone else's personal food they will be required to reimburse the other resident immediately.

All food in refrigerators need to be in sealed containers and labeled with the date. Anything older than 3 days will be thrown away to maintain food safety.

Bedrooms:

Residents are expected to keep bedrooms clean.

Absolutely no food or drinks (other than water in a sealable bottle). Staff will do regular room checks and will remove food to the staff office if it is found that a resident has been keeping food in their rooms.

Residents are only allowed in other resident's bedrooms with their permission. Doors should remain open at all times when another resident is in the room.

Residents may not stack anything above shoulder level.

Any damage to the bedroom will be taken out of the resident's deposit.

Bedroom doors may not be locked if a resident is in the bedroom. This is a fire safety hazard. Residents may lock the door if they are leaving the bedroom. If staff finds that the room is locked when the resident is in the room they have the right to remove the lock from the door.

Bathrooms:

Bathrooms are shared by 3 residents.

Residents are expected to keep bathrooms clean and sanitary. Throw away trash, wipe sink after use, flush toilets, and remove hair from drains daily.

Please notify staff if there are any plumbing issues in the bathroom right away.

Parking:

Parking for residents is located behind the house.

There are no reserved spaces.

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All vehicles will be operated in a safe and quiet manner while entering and exiting the property. A ten (10) MPH speed limit is assigned to the driveway and parking areas.

All oil leaks from vehicles must be cleaned up by the resident.

Residents may not park next to the dumpster.

Dumpster:

Trash is collected by a private waste management company that has very strict rules about what will and will not be collected.

The dumpster must never be filled above its top rim. The lid must be able to close flat.

All small trash must be bagged in trash bags, all cardboard boxes must be broken down flat.

The waste management company will not take large pieces of metal or wood, wire, or hazardous material. Residents should speak with staff in order to have these types of materials properly disposed of.

Unauthorized Persons:

Unauthorized persons include anyone coming onto the property without permission of the staff.

All visitors must be approved by the staff on duty.

If a resident or guest enters the POD of the opposite gender, their presence must be announced prior to entrance.

If a guest is acting in an inappropriate manner staff has the right to ask them to leave the property temporarily or permanently.

Accident or Medical Emergency:

In the event of an accident or medical emergency, the staff on duty will call 911 and the next of kin or guardian with or without the permission of the resident.

In a psychiatric emergency, the staff on duty will contact the resident's psychiatrist and or the resident's therapist.

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If there are any incidents of self harm, threats of self harm, or threats of harm to others, the staff on duty will call 911 to transport the resident to the emergency room for evaluation. When residents have been discharged from the hospital their residency at Casa Milagro will be reassessed.

Responsibility and Liability:

The owners and owner's agent(s) of Casa Milagro shall not be responsible for any loss, liability or expense due to fire, theft, accident, or any events occurring within the rented premises unless caused by negligence on the part of the owner or the owner's agent(s).

Neither the management, nor any staff members will pick up or assist in picking up any resident who has fallen or is on the floor for any reason. Neither management, nor the staff are medically trained. Assisting someone after they are on the floor can cause additional damage. The staff will call 911 and the resident's next of kin or guardian with or without the resident's permission.

Assisted Living:

If a resident develops severe physical and/or mental disabilities and need skilled nursing care, Casa Milagro staff will assist as possible in relocating the resident to a facility that can provide appropriate care. This does not mean that Casa Milagro is responsible for placement.

I UNDERSTAND AND AGREE TO ABIDE BY THE RULES STATED ABOVE. If the rules are not followed, I will be given a notice of non compliance in writing. After the

2rd notice of non-compliance I understand that I will be evicted.

X

Resident's Signature

Date

X

Staff Signature

Date

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DECLARATION OF VOLUNTARY INFORMATION

I know I have the right to keep all medical information private. In other words, I do not have to disclose any medical information to Casa Milagro, including medical bills and expenses. However, if I wish to receive credit for such medical expenses for the purpose of my rent certification, I must disclose the information and supply documentation required by the rent certification process. BY DISCLOSING SUCH INFORMATION, I WAIVE MY RIGHT TO PRIVACY WITH RESPECT TO SUCH INFORMATION.

X

Resident Signature

X

Date

X

Staff Signature

X

Date



Casa Milagro
49 Camino Bajo, Santa Fe, New Mexico 87508
Phone (505) 474-7684 Fax 438-4877

*Background only: Criminal, eviction, sexual predator, civil court (bankruptcies, judgments, etc.) address history and more

Credit Release

(Please Print)

Applicant Name: _____
Last First Middle

SSN# _____ - ____ - _____ DOB _____

Current Address: _____ Apt# _____

City _____ State _____ Zip _____

Previous Address: _____ Apt# _____

City _____ State _____ Zip _____

Applicant's Certification and Release

By my signature I declare the information on this application to be true under penalty of perjury. By my signature I hereby grant permission to the owner/manager and/ or agents of the owner/manager to obtain my credit report, eviction/skip history and all information necessary to verify information on this application. False information given about shall entitle owner/agent to reject this application.

 Signature of Applicant

 Date Signed

For office use only	Satisfactory	Unsatisfactory
Criminal	<input type="checkbox"/>	<input type="checkbox"/>
Additional notes:		

