



Catholic Charities
OF SOUTHERN NEVADA

St. Vincent Apartments
1521 Las Vegas Blvd. North
Las Vegas, NV 89101

APPLICATION FOR RENTAL

DATE _____

A. Applicant Information

Catholic Charities is required to verify that all tenants of the St. Vincent Apartments are currently homeless, reside in emergency shelter or live transitional housing, or are at risk of becoming homeless. Please complete this application with all pertinent details. The information requested provides the basis for our selection of the best neighbors for you and all residents. If accepted, this application will become a part of the lease.

Name _____ Address _____

City _____ State _____ ZIP Code _____

Home Phone _____ Work Phone _____ Other _____

Social Security # _____ Date of Birth _____ Sex: ___ Male ___ Female

In case of emergency contact:

Name _____ Address _____ Phone _____

Please provide information concerning your current living arrangements (check all that apply):

Are you living in a place not ordinarily used as regular sleeping arrangements (for example, on the street, in a car, in an abandoned building, etc.). Please provide information regarding your current accommodations:

Are you living in a homeless shelter. Provide name and location of the transitional housing:

Name _____ Address _____ Ph _____ How long _____

Are you living in transitional housing. Provide name and location of the transitional housing:

Name _____ Address _____ Ph _____ How long _____

Are you living in a hospital or institution, with no residence specified upon your release.

Name _____ Address _____ Ph _____ How long _____

Provide estimated release date: _____

Are you disabled? (Please check yes or no) Yes No If "yes," please describe your disability:

B. Employment Status (Exhibit I must be added to this application)

Are you currently employed? Yes No

APPLICATION NO. _____



List all full and/or part-time employment you currently have (including self-employment):

	<u>Name of employer</u>	<u>Hourly Wage</u>	<u>Annual Earnings</u>	<u>Start Date</u>	<u>End Date</u>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

C. Income from Other Sources

List all other sources of income—for example, Temporary Assistance to Needy Families (TANF), Aid to Families with Dependent Children (AFDC), Social Security, Supplemental Security Income (SSI), pension, disability compensation, unemployment compensation, interest income, baby-sitting, care-taking, alimony, child support, annuities, dividends, income from rental property, Armed Forces Reserves, Scholarships, and/or grants:

Note: Exhibits are to be included with each application as they apply. These Exhibits include the following:

Exhibit G Students

Exhibit H Verification of Employment and Wages

Exhibit I Unemployed Child Support

Exhibit M Alimony

	<u>Source of Income</u>	<u>Amount</u>
1.	_____	\$_____ per _____
2.	_____	\$_____ per _____
3.	_____	\$_____ per _____

D. Total Annual Household Income

Add all income listed above in Sections B and C and indicate the total you expect to earn in the next 12 months:

\$_____

E. Current Rent

What is the monthly rent where you currently reside? \$_____

If you are receiving assistance in paying rent where you currently reside (for example, through Section 8 or other rental assistance programs), how much do you contribute to the total monthly rent?

(If you do not contribute anything, write "0".) \$____per month

F. Section 8 Housing Assistance

Are you presently on the waiting list for a Section 8 housing certificate or voucher? Please check yes or no. This information will not affect the processing of your application. Yes No If "yes" please attach the Section 8 form.

Section 8 Housing Assistance (Continued)

Have you lived in public housing or received assistance through the Section 8 program in the past? Yes No

If "yes", indicate the name of the Housing Authority: _____

G. Residences

List your residences for the last three years

Have you been continuously homeless for the past 12 months? YES NO

Have you had at least four periods of homelessness in the past 3 years? YES NO



<u>Address</u>	<u>Landlord</u>	<u>Phone</u>	<u>From</u>	<u>To</u>
1. _____ _____	_____	_____	_____	_____
2. _____ _____	_____	_____	_____	_____

<u>Name of Bank</u>	<u>Current Balance</u>
Checking Accounts	
1. _____	_____
2. _____	_____
Savings Accounts	
1. _____	_____
2. _____	_____
Certificates of Deposit/Other Accounts	
1. _____	_____

H. Source of Information

How did you hear about the St. Vincent Apartments?

- Newspaper Posted Sign
 Friend Local Organization or Church Other: _____

Do you have a friend or relative currently living in the St. Vincent Apartments? Yes No
 If "yes", please provide the name(s): _____

I. Ethnic Information

This information is optional and will not affect the processing of the application. Please check one group which best describes the applicant:

- White (Non-Hispanic Origin) Hispanic Origin American Indian or Alaskan Native
 Black Asian or Pacific Islander Other

K. Education

High School/GED (circle one)
 Completed 1 2 3 4 Did you graduate? Yes No
 Date completed _____

College (circle one)
 Completed 1 2 3 4 Degree: _____
 Major _____ Date Completed _____

Trade School
 Trade _____ Certificate earned _____

Trade _____ Certificate earned _____

L. Other Information

Marital Status:
 Single Married Divorced

APPLICATION NO. _____



Separated

Widowed

Are you a United States Citizen?

Yes

No

M. Have you ever been convicted of a criminal act?

Yes

No

N. Have you any health problems or health restrictions?

Yes

No

If yes, please explain _____

O. Have you ever served in the U.S. Military or Reserves?

Yes

No

If yes (show proof of Military ID or copy of DD214)



**St. Vincent Apartments
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I, _____, certify that the information and statements provided above are true and complete to the best of my knowledge and belief. I consent to the release of information needed by the owner or its agent in order to be qualified for an apartment.

I understand that providing false information or making false statements may be grounds for denial of my application and may subject me to criminal penalties. I agree to provide verification of all income and assets as required by the owner or its agent. I further authorize disclosure of all information which will verify my income and assets.

I understand that applicants must be eligible for the apartment units.

APPLICANT MUST SIGN BELOW

SIGNATURE

DATE



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Authorization for Release of Information

I authorize and direct any federal, state, or local agency, organization, business or individual to release to St. Vincent Apartments, any information or materials needed to complete and verify my application for residency and/or to maintain my continued occupancy in the St. Vincent Apartments. I understand and agree that this authorization or the information obtained with its use may be given to and used by St. Vincent Apartments, in administering and enforcing program rules and guidelines. Additionally, I authorize the staff of St. Vincent Apartments, to release information about me to other agencies, funding sources or individuals, as needed, to serve me. I agree that a photocopy of this authorization may be used for the purposes stated about. This authorization will remain in effect for as long as I remain an applicant/participant/resident in any housing program run by St. Vincent Apartments.

Program Participant: _____

Date: _____



**CATHOLIC CHARITIES OF SOUTHERN NEVADA
1501 Las Vegas Blvd. North
Las Vegas, Nevada 89101**

RELEASE AND AUTHORIZATION FOR BACKGROUND AND REFERENCE INVESTIGATION

As part of its employment screening and selection procedures, Catholic Charities of Southern Nevada requires a background investigation and check of references. Such investigation and checks may require the submission to Catholic Charities of Southern Nevada of information about the applicant's social security number (SSN), date of birth (DOB), and driver's license number.

I, _____ hereby give Catholic Charities of Southern Nevada and/or its designees permission and authority to conduct a background investigation and reference check concerning my past and current activities. I agree and consent to any investigation Catholic Charities of Southern Nevada and/or its designees may make including, but not limited to, information as to my personal character, general reputation, former employment, education, credit history, driving record, social security wage information, criminal history and other information contained in public records or obtainable from former employers or other references, business, or personal.

I hereby authorize and request any former employers, personal references, schools, police and court personnel, credit agencies and any other person to furnish to Catholic Charities of Southern Nevada and/or its designees any information concerning my work habits, reasons for termination, eligibility for rehire, salary information, character and reputation information, criminal history, driving records, credit history or any relevant information requested by Catholic Charities of Southern Nevada and/or its designees.

I hereby release all persons, companies, corporations or individuals from all liability and responsibility that may result from providing Catholic Charities of Southern Nevada and/or designees the information set out herein.

I am aware that the result of any background investigation performed by Catholic Charities of Southern Nevada and/or its designees is not the sole criteria used by Catholic Charities of Southern Nevada in making a decision to hire or not to hire any individual, including me. I am also aware that any falsification or misrepresentation of information appearing on my application for employment shall be grounds for my not being hired or for my being terminated.

EMPLOYER/POTENTIAL EMPLOYER _____

Applicant's Name _____ Maiden Name _____

Social Security Number _____ Date of Birth _____

Current Address _____

Schools/Dates Attended/ Degrees _____

Driver's License Number _____ State of Issue _____

Applicant's Signature _____ Date _____

APPLICATION NO. _____