

**ALL APPLICATION MUST BE COMPLETED AND MAILED TO
THE FOLLOWING ADDRESS:
ATTENTION: LALISA SUMMERS
PLACEMENT NETWORK TRANSITIONAL HOUSING
5279 1/2 WIGHTMAN STREET SAN DIEGO CA 92105**

INSTRUCTIONS FOR APPLICATION

**YOUR APPLICATION MUST BE COMPLETED IN IT'S ENTIRELY BEFORE
IT CAN BE PROCESSED.**

- 1. APPLICANTS NAME IN FULL (FIRST,MIDDLE,LAST)**
- 2. HOUSEHOLD MEMBERS: SEX FULL NAMES OF EVERYONE WHO
WILL BE RESIDING IN THE APARTMENT WITH YOU.**
- 3. ORIGINAL SOCIAL SECURITY CARD MUST BE SHOWN FOR EACH
INDIVIDUAL LISTD ON THE APPLICATION.**
- 4. PICTURE INDENTIFICATION IS REQUIRED. A COPY SHOULD WITH
THE RETURN OF YOUR.**
- 5. PRESENT AND PREVIOUS LANDLORD, WITH COMPLETE NAMES,
ADDRESS, AND PHONE NUMBERS. (THREE YEARS RENTAL
HISTORY DESIRED)**
- 6. PROOF OF INCOME**
 - A. AFDC(LATEST NOTICE OF ACTION FROM SOCIAL SEVICES
SHOWING AMOUNTS OF INCOME.
*PLEASE NOTE: NOTICE CAN NOT BE OLDER THAN 90 DAYS.**
 - B. SOCIAL SECURITY OR SSI-LETTER FORM ISSUED AGENCY SHOWED
AMOUNT OF INCOME.**
 - C. IF YOU ARE EMPLOYED-PAYROLL STUBS FOR THE LAST THREE
MONTHS ARE REQUIRED. ALSO INCLUDE THE EMPLOYERS NAME,**
 - D. IF YOU ARE EMPLOYED A COPY OF LAST YEARS PROCESSED
INCOME TAX IS REQUIRED.**
- 7. TWO RELATIVES AND TWO FRIENDS WITH THEIR COMPLETE
ADDRESS AND TELEPHONE NUMBERS, (RELATIVES AND FRIENDS
DO NOT HAVE TO LIVE IN THE STATE OF CALIFORNIA).**
- 8. PLEASE COMPLETE ALL PAGES OF THIS APPLICATION LEAVING
THE ENTIRE APPLICATION TOGETHER.**

REMEMBER: TO SIGN AND DATE THE RENTAL APPLICATION.

**THANK YOU! IN ADVANCE FOR YOUR COOPERATION OFFICE
HOURS 9AM-2PM MONDAY THRU FRIDAY CALL 1-888-256-5268**

**EMERGENCY HOTLINE: CALL 1-888-253-9045
LALISA SUMMERS (FOUNDER/DIRECTOR) OF PNTH
(PLACEMENT NETWORK TRANSITIONAL HOUSING)**

PNTH



Placement Network Transitional Housing

Address: 5279 ½ Wightman St San Diego Ca 92105

Phone: 1-888-256-5268

Email: Info@pnthousing.org

PRELIMINARY QUESTIONNAIRE

1. Name? _____
2. Are you 62years or older? Check one. Yes__ No__
3. Are you declared handicapped? Check one. Yes_No_
4. Do you have a source of income? Check one.
Yes_No_
5. Are you currently living with someone other than your
Spouse such as children or other relatives? Check one.
Yes_No_
6. Are you currently residing in senior housing? Check
one. Yes_No_
7. Are you currently receiving section 8 subsidy?
Check one. Yes_No_
8. Are you employed? Check one. Yes_No_

PNTH



Placement Network Transitional Housing

Applicant's Housing History

To: _____ Date: _____

Fax: _____ Phone: _____

Resident Names: _____

Resident Address: _____ Apt# _____

If more than one applicant were both on a lease? Check One. Yes ___ No ___

Name of applicant(s) 1. _____ 2. _____ 3. _____

Date: Move in: _____ Date move out: _____

Any property damage? Yes ___ No ___, Amount owing from damage? \$ _____

Number of late payments: _____, Number of NSF's: _____

Was a proper notice given? Yes ___ No ___, Was least fulfilled? _____

Have You ever been in transitional housing? Yes ___ No ___, If yes please

explain? How Long in transition: _____ Location of transitional

housing: _____

Documented complaints? _____

Reason _____, Any Notices served? Yes ___ No ___

Three day notice: Yes ___ No ___, 3 Day Nuisance: Yes ___ No ___, 30 day: Yes ___ No ___

Would you Re-Rent? Yes ___ No ___, If not why? _____

Applicant(s) Signature 1. _____ Date: _____

Signature 2. _____ Date: _____

Signature 3. _____ Date: _____

Information verified by: _____ Date: _____

Title: _____

Provided by: _____

Title: _____ Date: _____

Application and offered property

Managed by PNTH Asset Management
Transitional Housing

Agent: Placement Network
Call: 1-888-259-5268

Complex Name: _____ Street Number# _____ Street
Name: _____ Unit# _____ Parking space# _____ City: San Diego
State: CALIFORNIA Zipcode: _____
Rental Rate: \$ _____ per _____ Utilities included: yes_No_ Security
Deposit: \$ _____ Intended start date: _____

Instructions to applicant:

Use black ink, except for your signature, all information in this application must be printed in a clear and legible manner. One application must be filled out Entirely and Completely by each intended adult occupant. Each applicant must show satisfactory identification to owner/manager at the time this application is submitted for processing.

APPLICANT'S PERSONAL DATA: Home phone() _____ Work phone() _____
Cell phone() _____
First, Middle, Last Name: _____ Social Security# _____, Driver
License# _____ State _____ Birthdate _____ Other Names which are known
by _____

OTHER PERSONS TO OCCUPY THE PROPERTY

Full Name _____	Relationship _____	Age _____	Occupation _____
Full Name _____	Relationship _____	Age _____	Occupation _____
Full Name _____	Relationship _____	Age _____	Occupation _____

RESIDENT HISTORY

Street address _____	City _____	State _____	Zipcode _____
Date in _____	Rent/Mo\$ _____	LandLord Name and phone _____	
Street address _____	City _____	State _____	Zipcode _____
Date in _____	Rent/Mo\$ _____	Land Lord Name and phone _____	

EMPLOYMENT HISTORY

Name	City	State	Zip	Date In	Rent/Mo \$	Landlord name and phone
1. _____						
2. _____						
3. _____						
4. _____						

**APPLICATION AUTHORIZATION AND CONSENT FOR RELEASE OF
INFORMATION**

By signing below I authorize the preparation of an investigation report for this purpose. I authorize and understand that investigative background inquiries are to be made on myself including consumer credit, eviction, criminal, sex offense and other reports. Further, I understand that you will be requesting information from various federal, state and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil, tenancy and other experiences I release all of the above including national credit reporting and its agents to the full extent permitted by law from and claims, damages, losses, liabilities, and expenses arising from the retrieval and reporting of information, all reports will be kept confidential.

According to the federal fair credit reporting act, I am entitled to know if I was denied based on the information obtained and to receive upon written request to national credit reporting a disclosure of the public record information and of the nature and scope of the investigative report.

I the undersigned applicant do hereby certify that the information provided by me is true and complete to the best of my knowledge. Any copy of this document is a valid as the original. Falsifying information could result in the denial of tenancy.

Print Full Name: _____

Social Security Number: _____ Date Of Birth: _____

Current Address: _____

City/State/Zip: _____

Driver License# _____ State: _____

Have you ever been convicted of a felony? Yes ___ No ___

Have you loss tenancy due to drugs in the last 3 years? Yes ___ No ___

Have you attended a rehabilitation program in the last 3 year? Yes ___ No ___

If yes what program? _____

Signature _____ Date: _____

Date of birth is being requested in order to obtain accurate retrieval of records.

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