

RENTAL APPLICATION

Rev. March 2021

Previous versions will not be accepted

The undersigned hereby makes an application to rent the following property:

Property Location: (To be determined by Forgiven Ministries, Inc. and is subject to availability.) <p style="text-align: center;">TO BE DETERMINED</p>	Anticipated Release & Move Date:
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Note: Return all correspondence to our Ministry Address
2820 West 23rd Street
Box #9, Suite 103
Erie, PA 16506

I, the applicant, understand that there is a monthly rent of three hundred seventy five dollars (\$375.00) and security deposit of three hundred seventy five dollars (\$375.00). For a total amount of seven hundred fifty dollars (\$750.00) due for move-in **(if approved)** for any location. **Note: If home plan is NOT approved by PBPP staff, money will be returned to issuing party. Forgiven Ministries, Inc., will not be held responsible for any deductions by the Department of Corrections regarding the collection of fee and fines attached to / for income of offender.**

APPLICANT INFORMATION:

Applicant Name:	Cell Phone:	Date of Birth: 08/07/1964
Social Security Number:	Email Address: None	Parole Agent (if applicable): Ms. Roseman
DOC / CCC Counselor (if applicable): Name: _____ Position: _____ Telephone / Ext: _____ E-Mail: _____	Emergency Contact Information: (Information Required) Name: _____ Address: _____ Telephone Number: (____) _____ Relationship: _____	

Employment Information: (If Applicable)

Your Status: ____ Full Time ____ Part Time ____ Student ____ Unemployed ____ Disabled

Employer _____

Dates employed _____ Position _____

Supervisor Name _____ Phone () _____

Salary \$ _____ per _____.

If you have other sources of income that you would like us to consider, please list income, source, and person (banker, employer, etc.) who we may contact for confirmation. You do not have to reveal alimony, child support, or spouse's annual income unless you want us to consider it in this application.

Amount \$ _____ Source/Contact Name _____

Amount \$ _____ Source/Contact Name _____

Driver Authorization Information:

Driver's Information: License Number: _____	Vehicle Information: Make / Model: _____
State: _____ Exp: _____	Plate: _____ State: _____

Please give any additional information that might help owner/management evaluate this application?

Where may we reach you to discuss this application?

Day Phone # () _____ Night Phone # () _____

I hereby apply to lease one of Forgiven Ministries, Inc., faith based transitional housing units **for the minimum term of six months and upon the conditions set forth by Forgiven Ministries, Inc. Please note that Forgiven Ministries, Inc.'s, placement into a unit is determined according to availability and at the sole discretion of Forgiven Ministries, Inc. and reserves the right to make changes to the location at any time.** Furthermore, I agree that the rental amount is to be payable the fifth day of each month in advance. As an inducement to the owner/ property management to accept this application, I warrant that all statements above set forth are true and correct; however, should any statement made above be a misrepresentation or not a true statement of facts, I understand that I will / may be barred from re-applying for a residence through Forgiven Ministries, Inc. for a period of (6) six months. I also understand that, if approved by Forgiven Ministries, Inc., it may take thirty to one hundred and twenty (30-120) days for a room in the above noted residence to become available. **I also understand that Forgiven Ministries, Inc.'s acceptance of this application may be contingent upon the approval from the Forgiven Ministries, Inc. Board of Directors, Pennsylvania Board of Probation & Parole and the Community Corrections Center.**

I hereby affirm that all information provided is true and correct to the best of my knowledge. I hereby release Forgiven Ministries, Inc. from any liability in their review and processing of this application. If the application is not approved or accepted by Forgiven Ministries, Inc. I, the applicant, hereby waive any claim for damages by reason of non-acceptance which the owner or agent may reject. I recognize that as a part of your procedure for processing my application, an investigative report may be prepared whereby information is obtained through personal interviews with Pennsylvania Dept. of Corrections, Community Corrections Staff, Pennsylvania Board of Probation and Parole, and others with whom I may be acquainted. This inquiry includes information as to my character, general reputation, financial status, personal characteristics and mode of living.

The above information, to the best of my knowledge, is true and correct.

Please sign: _____
Name of Applicant Date