



# Tenant Application

1697 W. Huntsman Avenue, Reedley, CA 93654  
Operated by Serve Reedley

## Primary Applicant Information

Date:		DOB:	
First Name:	Middle Name:	Last Name:	
Street Address:	City:	State:	Zip:
Home Phone:	Cell Phone:	Work Phone:	
Email Address:			
How did you hear about FAITH House?			

## Personal Background and Information

Identification Number: <i>(Driver's License or Government ID)</i>		Is your Driver's License valid? <i>(Select one)</i> <div>Yes                      No</div>	
Gender: <i>(Select one)</i>  Male Female Other	Primary Language: <i>(Select one)</i>  English Spanish Other _____	Marital Status: <i>(Select one)</i>  Married Divorced or Separated Single	
Special Needs: <i>(Select all that apply)</i>  Alcohol Abuse or Addiction Developmentally Disabled Domestic Violence Drug Abuse or Addiction  HIV/AIDS Mental Illness / Mental Health Physical Disability Other _____ Other _____ Other _____			





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<p>Have you ever been arrested? (Select one)</p> <p>Yes                      No</p> <p>The following currently apply to me: (Select all that apply)</p> <p>I am on probation I am on parole</p>	<p>If you answered yes to being arrested, please indicate the following: (Select all that apply)</p> <p>I have been in Juvenile Hall I have been in jail I have served time in prison I have been detained I currently owe restitution Other _____</p>
<p>Name of Parole Officer: (if applicable)</p>	<p>Name of current or last Social Worker: (if applicable)</p>

If you answered yes to being arrested, please provide the history below:

<i>Date</i>	<i>Charge</i>	<i>Description</i>	<i>Commitment Length</i>	<i>Probation Officer</i>

## Character References

Please list up to three (3) adult references (i.e., teachers, former caregivers, employers, counselors, etc.)

<i>Name</i>	<i>Address</i>	<i>Phone</i>	<i>Email</i>	<i>Relationship</i>



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I certify that I have read and understand the following statements:

- All declarations and statements made on this application are true and accurate to the best of my ability. I understand that if any of the statements, facts or information that I have provided on this application is found or determined to be inaccurate, misleading or untruthful, I may be denied admission to, or dismissed from, FAITH House.
- I hereby authorize FAITH House to work with outside agencies, including but not limited to the Reedley Police Department, to conduct a background check and associated activities to assist in determining my eligibility and potential appropriate placement within FAITH House.
- In consideration for being allowed temporary assistance at this facility, I release from liability and waive my right to sue the City of Reedley, Serve Reedley, their employees, officers, volunteers and agents (collectively "FAITH House") from any and all claims, including claims of FAITH House's negligence, resulting in any physical injury, illness (including death) or economic loss I may suffer or which may result from my participation in this facility, including travel to and from the facility (including air travel), or any events incidental to this facility.
- I agree to hold the City of Reedley, Serve Reedley, their employees, officers, volunteers and agents (collectively "FAITH House") harmless from any and all claims, loss or damage to my personal property, liabilities and costs, including attorney's fees, as a result of my participation in this facility, including travel to and from the facility (including air travel) or any events incidental to this facility. If the FAITH House operator incurs any of these types of expenses, I agree to reimburse said operator.
- If I need medical treatment as a result of my participation in, or during my association with, this facility – including travel to and from the facility (including air travel), or any events incidental to this facility, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware that the City of Reedley, Serve Reedley, their employees, officers, volunteers and agents (collectively "FAITH House") does not provide health insurance for me and that I should carry my own health insurance.
- Should I need medical treatment while on FAITH House premises, I hereby authorize the City of Reedley, Serve Reedley, their employees, officers, volunteers and agents to request medical service professionals respond.
- I certify that I am the legal guardian for the children listed within this application, and I do hereby consent to the authorizations and release of liabilities listed above for each individual child, as well.
- I understand that FAITH House does not discriminate on the basis of race, creed, color, ethnicity, national origin, religion, sex, sexual orientation, gender expression, age, height, weight, physical or mental ability, veteran status, military obligations, and marital status.

I have read this document, and I am signing it freely and willingly. I understand the legal consequences of signing this document, including authorizing the activities and releasing from liability as stated above, the City of Reedley, Serve Reedley, their employees, officers, volunteers and agents (collectively "FAITH House").

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Signed

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Date