

# Project Hope, Inc.

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## SHARED ROOM OCCUPANCY (SRO) HOUSING APPLICATION FOR RESIDENCY

Date: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_  
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Current Address: \_\_\_\_\_ How long? \_\_\_\_\_

Landlord Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Monthly rent: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

If less than one year, provide previous residency information on the back of this application.  
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Employment: \_\_\_\_\_ How long? \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Wages per hour: \_\_\_\_\_

If less than one year, provide previous employment information on the back of this application.

Other Source of Income and Amount: \_\_\_\_\_  
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Please provide three references:

Name	Relationship	Address	Phone Number

Please provide emergency contact information:

\_\_\_\_\_  
Name and Relationship

\_\_\_\_\_  
Phone number

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I certify that all information included on this application is true and accurate. I understand that my residency will be terminated, without a refund, if I have made any false, misleading or incomplete statements on this application. A photo ID and proof of income must be provided with this completed application.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date