



Hhd application to get help with housing
Please fill this out completely and send it to
info@helpinghandsforthedeaf.org

Applicant's

Name _____

Type of assistance you need

If you are interested in getting housing

Applicant's address/ living arrangements

Desired length of occupancy _____

Reason for moving _____

How long were you at previous address: _____

How much rent can you afford _____

Are you willing to live in a room at a home? _____

Are you willing to have a room mate _____

You must understand that if you have limited income and without a job, we
can't find an apartment for you without a roommate

Landlord's name _____

Prior rent pmt _____

have you paid bills independently before? _____

Last Employer _____

what kind of work did you do?

2 character references

name_____

Phone no_____

address_____

how you are friends_____

Family name if possible_____

phone no_____

address_____

how are you related_____

business person reference (boss or landlord

phone no_____

address_____

how this person has worked with you in

past_____

I represent that the information provided in this application is true and correct to the best of my knowledge and Helping Hands for the deaf is authorized to references and employment information given in this application and requests a credit check and background check

Helping Hands for the Deaf a non profit organization. We rely on the truth of those we are helping and we promise to keep all this information confidential. We hope to get back to you within 3 days of the application.

Applicant's Signature _____

