Essie’s Joy Home Solutions, LLC

Independent Living Homes · Where Comfort, Community & Independence Come Together

(571) 444-6362 · info@essiesjoyhomesolutions.com · www.essiesjoyhomesolutions.com · Washington, DC

Residency Application

Thank you for your interest in Essie’s Joy. Please complete every section you can. You may type into this form on a computer or print it and fill it in by hand. Submitting an application does not guarantee acceptance or room availability. All applicants are reviewed using the same criteria.

> **How to return this form:** fill it in on your computer or phone (or print it), save it, then email it to **info@essiesjoyhomesolutions.com** or bring it to your tour. Please do not email copies of ID or Social Security cards.

1. APPLICANT INFORMATION

Full legal name _____ Preferred name _____

Phone _____ Email _____

Current street address _____ City, State, ZIP _____

Best way to reach you

☐ Phone call ☐ Text message ☐ Email

2. HOUSING PREFERENCES

Desired move-in date _____ How did you hear about us? _____

Room preference (most rooms are shared; one private room may be available)

☐ Shared room ☐ Private room (if available) ☐ Either

Were you referred by an agency or professional?

☐ No ☐ Yes

If yes: agency / organization _____ Contact name and phone _____

3. INCOME

Applicants may pay with any lawful source of income. Check all that apply.

☐ Employment ☐ Social Security ☐ SSI ☐ SSDI

☐ Veterans benefits ☐ Pension / retirement ☐ Other ☐ Voucher / rental assistance

Total monthly income from all sources ($)

If “Other,” please describe

4. RENTAL HISTORY

Current residence

Address

Dates (from – to)

Landlord / property contact

Contact phone

Monthly rent ($)

Reason for leaving

Previous residence

Address

Dates (from – to)

Landlord / property contact

Contact phone

Monthly rent ($)

Reason for leaving

5. REFERENCES

Please list two references who are not family members (for example, a former landlord, employer, case manager, or faith or community leader).

Reference 1: name

Relationship

Phone

Reference 2: name

Relationship

Phone

6. AUTHORIZATION & CONSENT TO SCREENING

By signing below, I certify that the information in this application is true and complete to the best of my knowledge. I authorize Essie’s Joy Home Solutions, LLC to verify my identity, income, rental history, and references, including by contacting the landlords and references listed above. I understand that false or incomplete information may be a reason to deny this application.

Any additional screening (such as a consumer or credit report) will be done only with my separate written permission. Consistent with the District of Columbia Fair Criminal Record Screening for Housing Act, criminal background information will not be requested or considered before a conditional offer of housing is made.

Essie’s Joy Home Solutions, LLC is an Equal Housing Opportunity provider and follows the federal Fair Housing Act and the DC Human Rights Act. If you have a disability and need a reasonable accommodation to complete this application, please call (571) 444-6362.

Applicant signature _____ Date _____

Printed name _____

Please do not attach Social Security cards, identification copies, bank statements, or medical records to this application. If documents are needed, we will arrange a private, secure way to receive them.

OFFICE USE ONLY

Date received: _____ Reviewed by: _____ Decision / date: _____