

APPLICATION FOR RESIDENCY

Head of Household		Phone					
Email:		Can we text you?			Yes	No	
Age	_						
Family Size							
Requested Unit Size? Stud	dio 1 be	droom	2 bedro	om	3 be	droom	
Are you homeless? Yes	No	Are you	ı a Vet?		Yes	No	
Are you living with a disability?	(Optional)	Ye	s N	0			
Current Address: (include city, s		. ,					
Current Landlord		Phone					
Current Employer							
Total Combined Annual Househ	old Income	÷					
How long have you been clean	and sober?						
Can you confirm your sobriety?							
Are you on Probation with the C	riminal Jus	tice Syste	em?	Yes	1	No	

Parole Officer:	Phone:
Emergency Contact:	Relation:
Emergency Phone(s):	
PLEASE READ VERY CAREFULLY:	
I fully understand that Next Step Housing is a clean and provider. I certify that I will not use any alcohol or drugs premises, nor does anyone in my household. I also provided to the Next Step Housing properties that uses alcohol or described to the step Housing properties that uses alcohol or described to the step Housing properties that uses alcohol or described to the step Housing properties that uses alcohol or described to the step Housing properties that uses alcohol or described to the step Housing is a clean and provider.	of any kind, on or off the mise to not bring anyone
I also understand all members of my household will monthly Urine-Analysis and Breathalyzer tests with or w fully cooperate with Next Step Housing staff in complying	ithout cause. I agree to
Finally, I understand any false, fraudulent, or misleading this application and may result in denial or termination understand residency is dependent on my household income to respond in a timely manner to all associated requests staff at move-in and every following year on my move assure compliance with my tenancy.	on of residency. I also come eligibility. I promise from Next Step Housing
Applicant Signature	Date
Next Step Housing Agent	Date

Please email to info@nextstephousing.com
or print and mail to:
2900 Powerhouse Rd., Suite 120
Yakima, WA 98902