Application Checklist

To apply for tenancy, all persons 18 or older interested in residing at:

referred by:

must file an application with HomeScreen

a product of Tower Grove Neighborhoods CDC

located at:

2337 S. Kingshighway St. Louis, MO 63110 **Monday – Friday 9am - 5pm**

tel: 314-865-5530 fax: 314-865-2540 info@myhomescreen.org www.myhomescreen.org



Each applicant must submit the following materials:

- 1. Tenant Screening Application with signed Guidelines (available in office or on-line at www.myhomescreen.org)
- 2. Submit *all* required additional documentation on-line, in person, by fax, or by e-mail:
 - O Copy of State Issued Photo ID (Driver's or Non-Driver's License)
 - O Proof of Income two most recent paycheck stubs preferred

 If you are self-employed, provide two years Federal Income Tax Returns or 1099s

 If you are relocating for work, provide an offer letter for local employment
 - O Proof of Other Income i.e. Child Support, Alimony, SSI, food stamps, retirement, etc. if applicable

Temporary Income (unemployment, TANF, etc.) will not be accepted

- 3. \$50 Application Fee
 - O Acceptable forms of payment: money order, credit or debit card

Incomplete applications will not be considered. Applications for a specific unit are processed one at a time on a first come, first served basis.



Tenant Screening Application

Address of unit being applied for:					
Monthly Rent:\$		Pr	eferred Move	:-In Date:	
First Name:	Middle:	La	st:		ş-
Former Name:					10 - 10393
E-Mail:					
		Pho	ne Number:		
SSN:					
Occupancy Information:					
Total number of people who will resi	de on the property:				
Name:	DOB:	Name:		Do	OB:
Name:	DOB:	Name:		D(OB:
Name:					
Do you have a co-signer? If yes, Nan	ne:	C	ontact Inform	ation:	
5-Year Residential History					
Current Address:					_
City:		State:		Zip:	
Landlord/Mortgage Holder:_		Contact In	formation:		
Rent:Dates C					
Reason for Moving:					
Previous Address:					
City:		State:		Zip:	
Landlord/Mortgage Holder:_		Contact Int	formation:		
Rent:Dates C	ccupied: From:	To:			
Reason for Moving:					
Previous Address:					
City:		State:		Zip:	
Landlord/Mortgage Holder:_		Contact Inf	formation:	-	
Rent:Dates C	ccupied: From:	To:			
Reason for Moving:					
Income Information					
Primary Employer:					
Address:		City		State	Zip
Address:	Monthly Salary: \$		Start Date:		
Are you full-time or part-time? (Circle	one) Are you self-	employed? Yes	s or No (Cirle	le One) If yes,	skip next section
Supervisor Name:	Conta	act Information			
Secondary Employer:					
Address:		City_	~ ~	State	Zip
Secondary Employer:Address:	Monthly Salary: \$	1 10 7 -	Start Date:	1 0) 70	-
Are you full-time or part-time? (Circle	one) Are you self-	employed? Yes	s or No (Cirici	le One) If yes,	skip next section
Supervisor Name:	Conta	act Information:			
Other Income: Source:			Monthly	Amount	
Source:					



Emergency	Contacts:
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Name:	Relationshin	Phone Number:
Name:	Relationship:	Phone Number:
1. Have you ever been conv	n:	
2. Have you ever been evicted If yes, please explain	ed from tenancy or left owing money? Yes	or N.
3. Have you ever willfully red If yes, please explain	fused to pay rent when it was due, or lost a p	part of a security deposit? Yes No
4. Are you currently receivin If yes, please explain	g a subsidy or housing voucher? Yes No:	
the Federal Fair Housing Act. T	the property owner arways makes the final	
HomeScreen will recommend y	our application if:	
 no applicant has any evi no applicant has been co 	ome is at least three times the rent ictions or negative rental references in the ponvicted of any violent felonies, felonies in distribution or manufacturing	past five years volving crimes against people or properties, or
If you do not meet the above cri non-recommended application is	teria, please contact the landlord before co f previously aware of any issues. Keep in n	mpleting the application. He/she may override a nind that the application is non-refundable.
Signature of Applicant		Date



add: 2337 S Kingshighway, St. Louis, MO 63110 tel: 314-865-5530 ext. 103 fax: 314-865-2540

Permission to Obtain Information	Date:
Applicant's Name:	
	_
Social Security #:	
I do hereby give my permission for HomeScreen and/or it	s representatives to obtain the following information.
(Applicant's Signature)	
FOR OFFICE USE ONLY – APPLICA	NTS DO NOT WRITE INSIDE THE BOX
Dear Reference of the Applicant:	
The undersigned has given you as a reference in applying the requested information. Please complete this information are please reply as quickly as possible, as property is being have complete information. Thank you in advance for your cooperation. Landlord/Mortgage Holder Information	tion at your earliest convenience.
Verified by:	
Address being verified:	
Dates of residency: From:To:	
Lease expiration date:	# Hours in typical work week:
Rent amount: \$ Rent Assistance? Yes No	Salary: \$month/ year
Number of late payments:	Or Hourly Rate: \$
Number of tenants residing in apartment/home: AdultsChildren	
Did tenant/guests cause any disturbances? Yes Did tenant/guests destroy any property? Yes]No]No]No]No





Prosperity Connection is a 501 (c)3 nonprofit organization that focuses on building financial capability. Prosperity Connection strives to help individuals and families earn economic independence through financial education, community services, and low-cost banking options in an effort to improve their standard of living and better their lifestyle.

One of the ways that Prosperity Connection does this is through free financial education classes and one-on-one financial coaching. Through one-on-one financial coaching, families work with a financial coach to establish their financial goals (whether that be increasing credit, decreasing debt, establishing a savings plan, creating a spending plan, etc.) and create an action plan that assists clients in achieving their financial goals.



Prosperity Connection and HomeScreen have partnered together to in an effort to reach prospective tenants. If you are interested, a financial coach will contact you to schedule an initial appointment. During this 1-hour intake session, you will discuss your personal finance goals and current financial situation with the financial coach. Together, you will come up with an action plan to achieve those goals. You and your coach will continue the financial coaching process by meeting on a regular basis {based on your availability} to take on goals and ensure your successful achievement.

By signing this form, I verify that I would like to receive information from Prosperity Connection regarding free one-on- on financial coaching.

If you would not like to receive information from Prospeirty Connection, please do not sign

I understand that Prosperity Connection ("Prosperity") and Tower Grove Neighborhoods CDC ("TGNCDC") are in partnership to provide clients with ongoing financial education and financial coaching opportunities. As a participant of these programs, I agree that the following data, if approved by me, will be released by TGNCDC and confidentially reviewed by Prosperity:

- Credit Score
- Outstanding collections
- Monthly expenditures
- Employment and income information
- Evictions and/or Rent and Possession filings

I understand that the Prosperity will never use my name in, or attach my name to, any report or written summary originating from the information in the Salesforce database, interviews, coaching sessions, etc. without my written consent.

I give permission Prosperity to share personal and financial information that is collected in the agencies' information systems (Salesforce) for the purpose of evaluating the program and providing required reporting to funders of the program. I also agree to provide all personal and financial information requested by Prosperity and TGNCDC.

Signature of Participant	Date
Printed Name of Participant	