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|---|--|---------------------------------------|----------|
| Who is your Case Manager? (First and last names, if you have them)  | Case Manager's telephone number/extention.   | Case Manager's email (if you have it) |          |
| Emergency Contact (name/relationship)   | Address  |                                       |          |
| Phone no(s).  | City   | State                                 | Zip Code |
| Personal reference (name/relationship)  | Address  |                                       |          |
| Phone no(s).  | City   | State                                 | Zip Code |
| Personal reference (name/relationship)  | Address  |                                       |          |
| Phone no(s).  | City   | State                                 | Zip Code |
| What other information do you want to share that is relevant to this application?   |  |                                       |          |
| <b>We ask about these medical issues so that, in an emergency, we can get you the help you need. These questions are optional. You are not required to answer them.</b>   |  |                                       |          |
| Do you have a medical doctor? Yes/No  | If so, what is the name and telephone number of your primary physician?  |                                       |          |
| Do you have any medical conditions? Yes/No  | If so, what are they, what treatment are you receiving, and what do we need to know about those in an emergency situation? |                                       |          |
| Do you take any prescription medications? Yes/No  | If so, what do you take?   |                                       |          |
| <p><b>Applicant authorizes My Father's House staff to contact past and present landlords, employers, creditors, credit bureaus, neighbors and any other sources deemed necessary to investigate the applicant. All information provided by the applicant is true and complete to the best of the applicant's knowledge. MFH reserves the right to disqualify tenant if information is not as represented. ANY PERSON OR FIRM IS AUTHORIZED TO RELEASE INFORMATION ABOUT THE UNDERSIGNED APPLICANT UPON PRESENTATION OF THIS FORM OR A PHOTOCOPY OF THIS FORM AT ANY TIME.</b></p> |  |                                       |          |
| X _____<br>APPLICANT SIGNATURE  |  | _____ DATE                            |          |

*If you have any questions about the interpretation or legality of this form, please consult an attorney or other qualified person.*