**House Knox**

**Property Intake Form**

This form is required for each housing unit listed within the House Knox Housing Bank. Please ensure the information provided here is as accurate as possible, to ensure minimal delays and accurate referrals. Submit the completed form to Hollowayd@unitedwayknox.org.

**\*NOTE: A new form will be required for each new unit submitted.\***

**Please fill out all that applies**

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| **Contact Information** |
| Name: | Phone: |
| Email: | Date: |
| Property Management Company: |
| Property Name: |
| Property Address: |

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| **Unit Information** |
| Date available: | # of bedrooms: |
| Monthly rent: | Shared unit? [ ] YES or [ ] NO Please check one |
| # of bathrooms: | Disability accessible? [ ] YES or [ ] NO Please check one |
| Unit floor / level:  | Lease options: |

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| **Costs** |
| Screening fee: | Admin fee: |
| Deposit: | \*First month’s rent? [ ] YES or [ ] NO  |
| Holding fee: | \*Last month’s rent? [ ] YES or [ ] NO |
| Pet deposit: | Pet rent: |
| Utilities included: | Renter’s insurance? [ ] YES or [ ] NO |

**\*NOTE: Not all funding sources can cover last month’s rent. Deposits cannot exceed one month’s rent.**

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| **Unit Restrictions** |
| Income requirements: | Smoke free? [ ] YES or [ ] NO |
| Judgments accepted? [ ] YES or [ ] NO | How many judgments? |
| Evictions accepted? [ ] YES or [ ] NO | How many evictions? |
| First time renter? [ ] YES or [ ] NO | Bad / No credit? [ ] YES or [ ] NO |

This box for office use only

|  |  |
| --- | --- |
| Date received: | Date entered into Housing Bank: |