



## Transplant House – Application for Housing

Transplant House PO Box 85218 Seattle, WA 98145-1218  
Voice (206) 307-4111 Fax (360) 386-8186 info@transplanthouse.org

**Co-Tenants Other Than Spouse Please Submit a Separate Copy of This Form**

### All applicants fill out this section

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt/Unit: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Insurance Co./Provider: \_\_\_\_\_ Medicaid ID No.: \_\_\_\_\_

Which organ(s) were/will be transplanted, and why? \_\_\_\_\_

\_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Employer Phone: \_\_\_\_\_

Have you ever been convicted of a crime? Yes \_\_\_ No \_\_\_

Explain if yes: \_\_\_\_\_

Have you ever refused to pay rent? Yes \_\_\_ No \_\_\_

Have you ever filed for bankruptcy? Yes \_\_\_ No \_\_\_

### Spouse information (this information is required if spouse will stay too)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Employer Phone: \_\_\_\_\_

**Optional (but recommended) information**

**Vehicle Info** (for parking permit) Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

Plate Number: \_\_\_\_\_ State: \_\_\_\_\_

**Local Contact** First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Nearest Relative** First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Comments:** \_\_\_\_\_  
\_\_\_\_\_

**Pets and smoking are not allowed under any circumstances. Any violation may result in eviction.**

I/we certify that to the best of my/our knowledge all statements are "true & complete". I/we understand that I/we acquire no rights in an apartment until I/we sign a lease with Transplant House. In compliance with the Fair Credit Reporting Act, and State and Federal laws, this is to inform you that an investigation of the information provided on this application is being initiated by Transplant House. I/we further authorize Transplant House to obtain credit reports, and to contact my/our insurance co. if necessary, and obtain CHARACTER REFERENCES, GENERAL REPUTATION, MODE OF LIVING, AND RENTAL REFERENCES as needed to verify all information provided in this application.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse Signature: \_\_\_\_\_ Date: \_\_\_\_\_