



HOUSING APPLICATION

819 Castle Street Wilmington, NC 28401
813 Castle Street Wilmington, NC 28401
<https://theagapeprojectnc.com/>
910-899-9124/910-524-9360

PERSONAL INFORMATION

Full Name: _____

Date of Birth: _____ Gender: _____

Current/Previous Address: _____

Phone #: _____ SS#: _____

Email: _____

Any convictions? No Yes

If Yes, include type of charge(s) and date(s) below:

Are you a convicted sex offender? No Yes Date: _____

Are you a convicted child abuser? No Yes Date: _____

Are you on parole or probation? No Yes Date: _____

PO Name: _____

PO Phone #: _____

Emergency Contact Name: _____

Relationship: _____

Phone #: _____

Signature: _____ Date: _____

EMPLOYMENT/FINANCIAL INFORMATION

Current Employer: _____

Supervisor: _____

Job Title: _____

Work Phone #: _____

Length of Employment: _____

Other Income Source(s): _____

Monthly Income: _____

RENTAL HISTORY

Current Landlord Name: _____

Phone #: _____

Monthly Rent: _____

Have you ever been evicted? No Yes

Reason for seeking transitional housing: _____

