**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](mailto:Hollowayd@unitedwayknox.org).

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

**Please fill out all that applies**

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

|  |  |
| --- | --- |
| **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: |