



MARTIN INN APPLICATION

Martin Inn is a transitional housing complex. Rooms are adult only SRO (Single Room Occupancy). Bathroom, laundry and kitchen areas are shared community spaces. Drugs and alcohol are not permitted on the premise.

Guests are not allowed to stay with residents of the Martin Inn. Guest visiting hours are between 10:00am and 8:30pm, no exceptions. Showers and laundry amenities are available to residents only.

Rooms are leased on a month-to-month basis. Rent must be paid no later than the 5th of each month. \$50 room deposit is required.

MARTIN INN RENTAL AGREEMENT

VISITORS:

Guests are not allowed to stay with residents of the Martin Inn. Guest visiting hours are 10:00am - 8:30pm, no exceptions. Guests must always be accompanied by a Martin Inn resident. Showers and laundry amenities are available to residents only.

DRUGS & ALCOHOL:

There will be NO drug or alcohol use on the Martin Inn property. If you are found to be in possession of drugs or alcohol, it will be grounds for immediate eviction.

PHYSICAL/VERBAL ABUSE:

Physical and/or verbal abuse will not be tolerated and will be grounds for immediate eviction.

THEFT:

Stealing will not be tolerated. This includes food, toiletries, clothing, cigarettes, etc. belonging to other residents. Furniture and/or other items belonging to the Martin Inn are not to be removed from the building. Theft will result in immediate eviction.

QUIET TIME:

Quiet time is 10:00pm - 7:00am. This means no loud conversations, noisy kitchen use, slamming of doors, etc.

SMOKING:

This is a smoke-free complex. Smoking indoors will be grounds for immediate eviction. The smoking area is located behind the building next to the dumpsters. All cigarette butts must be discarded appropriately.

HYGIENE:

All residents are expected to be clean and presentable when in shared community spaces.

KITCHEN:

It is expected that all who prepare food will clean up immediately after meals. This includes washing dishes and all cookware, putting dishes away, sweeping, taking out trash when full, etc. Please keep food labeled inside refrigerators and cabinets and throw away all expired food.

BEDROOMS:

Residents will maintain their own bedrooms. Staff may inspect your room at any time if concerns about cleanliness exist.

PETS:

Pets are not permitted inside the Martin Inn complex. If you are found to be in possession of an animal, it will be grounds for immediate eviction.

I, _____, have read and agree to all the rules listed above. I understand that violation of any of these rules may result in my eviction from the Martin Inn and forfeiture of paid rent/deposit.

Signature: _____ Date: _____

MARTIN INN PRELIMINARY APPLICATION

APPLICANT INFORMATION			
FIRST NAME:	MIDDLE NAME:	LAST NAME:	
STREET ADDRESS:	CITY:	STATE:	ZIP:
PHONE #:		EMAIL ADDRESS:	
BIRTH DATE:	SOCIAL SECURITY #:	IDENTIFICATION #:	
I AM CURRENTLY ON: <input type="checkbox"/> PROBATION / PAROLE <input type="checkbox"/> LEGAL GUARDIANSHIP		NAME OF PROBATION OFFICER AND/OR LEGAL GUARDIAN:	
DEMOGRAPHIC INFORMATION			
GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> OTHER	RACE (SELECT ALL THAT APPLY): <input type="checkbox"/> AMERICAN INDIAN OR ALASKA NATIVE <input type="checkbox"/> ASIAN <input type="checkbox"/> BLACK OR AFRICAN AMERICAN <input type="checkbox"/> PACIFIC ISLANDER OR NATIVE HAWAIIAN <input type="checkbox"/> WHITE <input type="checkbox"/> OTHER: _____	SPECIAL NEEDS: <input type="checkbox"/> ALCOHOL OR DRUG ABUSE RECOVERY <input type="checkbox"/> DEVELOPMENTAL DISABILITY <input type="checkbox"/> DOMESTIC VIOLENCE <input type="checkbox"/> MENTAL ILLNESS <input type="checkbox"/> PHYSICAL DISABILITY <input type="checkbox"/> OTHER: _____	
CRIMINAL ARREST STATUS			
PLEASE LIST YOUR ARREST HISTORY (IF APPLICABLE. USE ADDITIONAL SHEETS IF NECESSARY)			
DATE:	CHARGE:		
<p>The Martin Inn is an organization that regularly assists vulnerable men and women, and does not accept residents who have been convicted of any sex-related crimes such as but not limited to child abuse or neglect, child pornography, child abduction, rape or any sexual offense or who have ever been ordered by a court to receive psychiatric or psychological treatment in connection herewith. Do you have any past or pending charges that would disqualify you for residing in the Martin Inn? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>			

FINANCIAL INFORMATION

INCOME SOURCE:	MONTHLY AMOUNT:
INCOME SOURCE:	MONTHLY AMOUNT:
INCOME SOURCE:	MONTHLY AMOUNT:

RENTAL HISTORY

HAVE YOU EVER BEEN EVICTED: YES NO

IF YES, PLEASE EXPLAIN:

REFERENCES

NAME:	RELATIONSHIP:	PHONE #:
NAME:	RELATIONSHIP:	PHONE #:
NAME:	RELATIONSHIP:	PHONE #:

I certify that the above information included on this application is true and correct.

Signature: _____ **Date:** _____

FOR STAFF USE ONLY

NAME OF PERSON RECEIVING APPLICATION:	DATE:
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