

# WestPARR Rental Assistance Application

Please fill out this application to the extent possible.

## HIPAA Compliant Statement

WestPARR strictly follows the guidelines of the Health Insurance Portability and Accountability Act (HIPAA). The contents of your faxed communication are protected by state and federal law. This privileged and confidential information is intended only for use by the WestPARR staff to fulfill your request.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Sex: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Race: \_\_\_\_\_

Applicant's Current or Last Mailing Address (do not put a WestPARR house address)

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

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

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Telephone Number: \_\_\_\_\_

Sobriety Date: \_\_\_\_\_

AA / NA preference: \_\_\_\_\_

Preferred location (If possible): \_\_\_\_\_

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MAT (if applicable) Location , dosage,  
frequency: \_\_\_\_\_

\_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Insurance Plan: \_\_\_\_\_

Parole/Probation Officer Name: \_\_\_\_\_

Parole/Probation Officer Telephone Number: \_\_\_\_\_

Are you required to register as a sex offender: \_\_\_\_\_

Veteran: \_\_\_\_\_

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Individual MUST get a release signed from outpatient / treatment center to confirm appointment and updates on treatment progress.

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Medical Conditions, if applicable

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Medications, if applicable

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Allergies, if applicable

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Current, Pending, or Past Criminal background: (Charges and Outcome)

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# WestPARR Rental Assistance Application

## 1st Month Rental Assistance Application

### 1. Financial

Is this the 1<sup>st</sup> time applying for rental assistance? Yes / No If no, when? What residence?

Do you owe any back rent to any WestPARR affiliate? Yes / No If yes, what residence? What amount?

Is there anyone available to help assist with rent such as friends or family? Yes / No

### 2. Treatment / Employment

Are you currently in or have you recently completed inpatient treatment? Yes / No

If yes, where and completion date?

Are you currently in outpatient treatment, IOP, partial, or any other level of treatment? Yes / No

If yes, where?

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\*Are you currently employed or in a job placement program? Yes / No

If yes, where? When do you expect a paycheck or job placement?

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\*\*Are you currently collecting SSDI, SSI, or any other form of disability? Yes / No

If yes, how much do you receive monthly?

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# WestPARR Rental Assistance Application

I hereby acknowledge that all the information in application is accurate. Any information found to be inaccurate may disqualify you from rental assistance. WestPARR reserves the right to refuse payment for individuals who do not comply with criteria. If payment is made and criteria isn't met WestPARR reserves the right to seek return payment.

Individual Signature: \_\_\_\_\_