

## Application for Membership into RAP House

To be accepted in RAP House an applicant needs to complete both sides of this application and be interviewed by the members of the House to which the applicant is applying. The members of the house then vote on acceptance. An 80% affirmative vote is needed to be accepted. Carefully read the application and honestly answer the questions. The members of this house will have access to this information to vote on your application. If you become a member, this information will be stored in a locked file cabinet. Only the house President & Secretary will have the access to this locked cabinet.

Print Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 (Last, First, Middle)

Address: \_\_\_\_\_ Phone where you can be reached:  
 \_\_\_\_\_ Home: \_\_\_\_\_  
 \_\_\_\_\_ Work: \_\_\_\_\_  
 \_\_\_\_\_  
 City State ZIP

(if address is confidential, give put a safe address such as a PO Box.)

**Date of expected move in:** \_\_\_\_\_

Are you receiving TANF or other non-job related income? \_\_\_\_\_ If so, state source: \_\_\_\_\_

Are you employed? \_\_\_\_\_ Name of employer \_\_\_\_\_

If you do not have a job, how many applications have you submitted in a week? \_\_\_\_\_

What is your monthly income right now? \_\_\_\_\_ Expect it to be next month? \_\_\_\_\_

Do you have children? \_\_\_\_\_ How many? \_\_\_\_\_ How many do you have custody of? \_\_\_\_\_

Do you expect to regain custody while you are living in the house? \_\_\_\_\_ How many? \_\_\_\_\_

If accepted by 80% of the house, you will be responsible for a \$125 member ship fee. This fee is non-refundable and will be used to secure your room. Please initial: \_\_\_\_\_

**Personal References:**

1. Name: \_\_\_\_\_

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

Relationship: \_\_\_\_\_

Telephone number: \_\_\_\_\_

2. Name: \_\_\_\_\_

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

Relationship: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Application Continued:

I have read all of the material on this application form. I have also answered each question honestly and want to achieve safe and comfortable housing free from abuse.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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For use by House:

Accepted                      Not Accepted                      Move in Date: \_\_\_\_\_

Deposit or Promissory Note Received: \_\_\_\_\_

New Member Orientation: \_\_\_\_\_

Membership Contract Filled Out: \_\_\_\_\_

Member Property List Filled Out: \_\_\_\_\_

Entry Paperwork filled out and faxed to RAP: \_\_\_\_\_

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Move Out Date: \_\_\_\_\_

House Keys Returned?                      YES                      NO

Outstanding Debt to House: \$ \_\_\_\_\_

Date Repaid: \_\_\_\_\_

Exit Paperwork filled out and faxed to RAP: \_\_\_\_\_

Follow Up Plan: Where should we contact you over the next year?

3 Months: \_\_\_\_\_

6 Months: \_\_\_\_\_

9 Months: \_\_\_\_\_

12 Months: \_\_\_\_\_