

**FOR OFFICE USE ONLY**

**ALTERNATE HOUSING  
RENTAL APPLICATION**

Date Received \_\_\_\_\_

Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Occupant if other than applicant: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Number(s): \_\_\_\_\_ Social Security # \_\_\_\_\_

Current Employment: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

*Please check those that apply*

<p>Number of Household Members (List Names)</p> <p><input type="checkbox"/> Adults # _____ Name(s) _____</p> <p><input type="checkbox"/> Children # _____ Name(s) _____</p> <p>Have you applied for FEMA assistance?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>What kind of assistance are you eligible for? _____</p> <p>Have you been denied FEMA Housing assistance?</p> <p><input type="checkbox"/> Yes, if so attach denial letter to application. <input type="checkbox"/> No</p>	<p>Do you own _____ or rent _____ the damaged home? (IF YOU RENT, OWNER MUST APPLY)</p> <p>Do you have a mortgage?</p> <p>Mortgage Company: _____</p> <p>Loan #: _____</p> <p>Payments current: _____ Yes _____ No</p> <p>If no, why _____</p>		
	<table border="1"> <tr> <td style="width: 50%;"> <p>Damage</p> <p><input type="checkbox"/> Roof</p> <p><input type="checkbox"/> Ceiling</p> <p><input type="checkbox"/> Mold</p> <p><input type="checkbox"/> Destroyed</p> <p><input type="checkbox"/> Other _____</p> </td> <td style="width: 50%;"> <p>How long will you need Alternative Housing?</p> <p><input type="checkbox"/> 3-6 months</p> <p><input type="checkbox"/> 7-12 months</p> <p><input type="checkbox"/> More than 1 year</p> </td> </tr> </table>	<p>Damage</p> <p><input type="checkbox"/> Roof</p> <p><input type="checkbox"/> Ceiling</p> <p><input type="checkbox"/> Mold</p> <p><input type="checkbox"/> Destroyed</p> <p><input type="checkbox"/> Other _____</p>	<p>How long will you need Alternative Housing?</p> <p><input type="checkbox"/> 3-6 months</p> <p><input type="checkbox"/> 7-12 months</p> <p><input type="checkbox"/> More than 1 year</p>
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Approved

Yes, How long? \_\_\_\_\_

No, Explain \_\_\_\_\_

Location of Alternate Housing:

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

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Make of Housing \_\_\_\_\_ Year \_\_\_\_\_

Delivered: \_\_\_\_\_

**Certification and Authorization to Release Information**

I certify that the information provided in this application is true and correct as of this date. I acknowledge my understanding that any intentional or negligent misrepresentation(s) of the information contained in this application may result in civil liability and/or criminal penalties including, but not limited to, fine or imprisonment or both under the provisions of Title 18, United States Code, Section 1001, et seq. and liability for monetary damages to the Mississippi Home Corporation (MHC), its agents, successors and assigns, insurers and any other person who may suffer any loss due to reliance upon any misrepresentation which I have made in this application. I further authorize MHC to obtain my credit report from a credit bureau in order to verify my creditworthiness.

Applicant's Signature \_\_\_\_\_ Date: \_\_\_\_\_

