## **Battle Built Housing Application Packet**

Address:
Phone: 252.801.6831
Date of Intake:
Welcome to Battle Built Housing. Our mission is to provide a structured, respectful, and stable
environment where individuals seeking a second chance can rebuild and move forward. Please
complete this application honestly. Your information is kept confidential and used only to support
your housing success.
Section 1: Personal Information
Full Name:
Date of Birth:
Phone Number:
Email Address:
Emergency Contact Name:
Relationship: Phone:
Referral Source (if any):
Case Manager Name/Contact (if applicable):
Section 2: Health & Wellness
Do you take any medications? If yes, list them below:
Do you experience any mental health challenges (stress, anxiety, etc.)? Yes / No

If yes, please explain:

Section 3: Resident Intake Questionnaire
1. Why do you want to live here?
2. What are your goals for the next three years?
3. Have you ever been convicted of a crime? If yes, please explain:
4. Do you have any physical conditions, allergies, or sensitivities?
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5. What type of work do you currently do?
6. Do you enjoy being around others or prefer living alone?
7. How do you typically deal with conflict?
8. What do you like to do in your free time for fun?
o. What do you like to do in your nee time for full:

## Section 4: House Rules & Resident Agreement

Please read each rule below and initial to	confirm you understand and agree to follow it. These rules
ensure a safe and respectful shared living	space for everyone.
I will pay rent on time every month	<u> </u>
I understand rent is due on the 1st and lat	e after the 5th
I will not smoke inside the house	_
I understand no alcohol or illegal drugs ar	e allowed
I will not bring overnight guests	
I will respect quiet hours (10 PM - 7 AM).	
I will keep my room and shared areas clea	an
I will not borrow other tenants' things with	out permission
I will follow my assigned laundry day	
I understand disrespect, violence, or threa	its are grounds for eviction
I will notify management at least 2 days be	efore moving out
I understand my room may be inspected v	vith notice
Section 5: Termination & Move-Out Pol	icy
Reasons for dismissal include but are not	limited to:
- Repeated failure to pay rent	
- Threats, violence, or harassment	
- Drug or alcohol use on property	
- Property damage or breaking house rule	S
- Hosting guests without permission	
Section 6: Signatures & Checklist	
I agree to the terms above and confirm the	e information I provided is accurate.
Tenant Signature:	Date:

Landlord Signature:	Date:
Document Checklist (for office use only)	
[] Copy of Photo ID	
[] Proof of Income (if applicable)	
[] Emergency Contact Info Provided	
[] Signed House Rules & Lease Agreement	