Region 2 Offender Success Program -- Networks Northwest
Housing Provider Information

Type of Housing Provider: _____ 24/7 Structural Housing _____ Base Housing

Contact Name: _____

Contact Phone Number: _____

Contact Email Address: _____

Property Address: _____

_____

Number of beds: _____

Individual bedrooms: _____ Yes _____ No

Landlord holds the title**:** _____ Yes _____ No
If someone other than the landlord holds the title, please include an explanation as to who holds the title with your proposal. A copy of the title may be requested.

Taxes on property are paid to date**:** _____ Yes _____ No
If property taxes are not paid to date, please include an explanation as to why and when they are expected to be paid with your proposal. A copy of proof of payment may be requested.

Landlord has insurance coverage on property**:** _____ Yes _____ No
Proof of insurance coverage will be required prior to execution of final contract.

Will rent to participants with a sex offense? _____ Yes _____ No

Accessible for those with Physical Disabilities? _____ Yes _____ No

Will rent to females? _____ Yes _____ No

Years providing housing services to parolees/returning citizens: _____

Rental Price*

Daily Rate: _____

Weekly Rate: _____

Monthly Rate: _____

***If charging by occupancy, this is the maximum rate allowed per person. If the landlord owns a property with multiple rooms and rents to more than one individual, the rate listed here should be consistent regardless of the number of participants occupying the unit.**
***If charging a flat rate regardless of occupancy, indicate a monthly rate and occupancy limits.**
***If charging a flat rate up to certain occupancy, indicate flat monthly rate, occupancy threshold, and rate per person beyond occupancy threshold.**