Resident without IDD Application Process

The decision to enroll in an independent residence with individuals with and without intellectual and developmental disabilities (IDD) is a significant and exciting one. The Best Buddies Living process reflects this. Residency decisions are made based on the “goodness of fit” between the applicant and the housing program. To establish this, we have adapted the following requirements and process:

1. Please complete the application, including contact references and a letter of recommendation, and submit it to Best Buddies Living with a non-refundable application fee of $50.
   a. Application fee can be in the form of a check written out to “Best Buddies International” or you may venmo Best Buddies International, @bestbuddies
      Best Buddies Living
      Attn: Britney Wrightington
      235 S Dixie Hwy,
      Coral Gables, FL 33133

2. When the completed application is received and reviewed, an interview will be scheduled with the Residential Manager and the Director of Best Buddies Living. This will allow the applicant to learn more about the program and meet face-to-face with BB Living staff. At the same time, BBL staff will have the opportunity to determine the applicant’s response to the program and its offerings.

3. If deemed a good fit by both the applicant and BBL, we will notify the applicant and initiate the move-in process.

4. Please submit a head shot/photo attached to your application.

Requirements

- A guarantor agreement is required as part of the lease.
- Resident must be 18 or over at the time of move-in.
- Resident must maintain full-time student status, employment, or consistent volunteer work for at least 3 days of the week.
- Resident must be open-minded and respectful to all individuals regardless of race, creed, ethnicity, national origin, religion, gender, sexual orientation, gender expression, physical characteristics, ability/disability, or veteran status.
- All residents will be strongly encouraged to participate in weekly group meals, attend monthly activities and support a fellow resident when needed. Examples can include: assisting with laundry, cooking or in an emergency situation.
- The current residence in Coral Gables, Florida has room for four residents total which is open to males and females. Residents within each apartment will identify as the same gender.

Best Buddies Living operates its housing in compliance with federal and state housing law.

Please email the completed application and related documents to britneywrightington@bestbuddies.org.
Residents without IDD Application

Date of Application: _________________________
BB Living Location: _________________________

Applicant Information:
Name: ________________________________________
(First)                                        (Middle)                                              (Last)      (Nickname)
Gender: ___________ Driver’s License #: ___________________________
Date of Birth: _________________________ Social Security Number: __________________________
Age: _____________________ Marital Status: __________________________________
Phone number: ________________________ E-Mail Address: __________________________
Are you currently a student? Yes ______ No ______
If yes, what undergraduate/graduate program are you attending and where?
__________________________________ Graduation Date: __________________________

Current Address:
Street Address: __________________________________________________________
City: ______________________________ State: ________________________ Zip Code: ______________
Reason for moving: __________________________
Monthly Rent: $_______________ Move-in date: _________________ Move-out date: _______________

Current Employment:
Name of employer: __________________________________________________________
Street Address: __________________________________________________________
City: ______________________________ State: ________________________ Zip Code: ______________
Employer’s phone number: _______________________ Supervisor’s name: ______________________
Your position: __________________________________ Start date: __________________________
Monthly income: $________________________ Yearly income: $________________________

May we contact your current employer to confirm this information? Yes____ No _____

Emergency Contact:
Please list who we contact in the event of an emergency.
Name: ____________________________________ Relationship: ______________________________
Address: __________________________________________________________
Phone: ____________________________________ Email: __________________________________

Personal History:
Have you ever been asked to move out or evicted?  Yes _____ No _____
Have you ever declared bankruptcy?  Yes _____ No _____
Have you ever been sued for damage to a rental unit?  Yes _____ No _____
Have you ever broken a rental agreement or lease?  Yes _____ No _____
Have you ever been sued for nonpayment of rent?  Yes _____ No _____
Have you ever been convicted of a felony?  Yes _____ No _____
Have you ever been arrested?  Yes _____ No _____
I am currently under a conduct investigation by University of Miami  Yes _____ No _____
If you answered “yes” to any of the Personal History questions, please explain: ______________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
Students who are currently under investigation by University of Miami will not have their applications processed until after completion of the investigation. The answer you provided above will remain confidential.

Part of your application with BBL will include a criminal background check. I hereby give BBL permission to run a criminal background check.

Signature of Applicant: ___________________________________________  Date: ____________

I hereby certify under penalty of perjury that the above statements are true and correct. I give my permission for any necessary verification including BB contacting any medical provider I have listed on this application. If Best Buddies finds that the applicant has been truthful, they will not be considered for housing.

Signature of Applicant: ___________________________________________  Date: ____________
Since Best Buddies Living acts as both a program and a residential opportunity, please answer the following questions:

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
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<tr>
<td>What do you hope to gain by living with BBL?</td>
<td></td>
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<tr>
<td>What do you hope to give as a resident of BBL?</td>
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<tr>
<td>Are there particular experiences that may have led you to be interested in BBL?</td>
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**Personal References:**
Please provide contact information of three non-family members who can act as a reference for you.

Name: _______________________________________________________________________
Relationship to applicant: ________________________________________
Email Address: ________________________________________________________________
Phone: ______________________________________________________

Name: _______________________________________________________________________
Relationship to applicant: ________________________________________
Email Address: ________________________________________________________________
Phone: ______________________________________________________

Name: _______________________________________________________________________
Relationship to applicant: ________________________________________
Email Address: ________________________________________________________________
Phone: ______________________________________________________

**Proof of Income:** Please attached a copy of your latest bank statement or latest pay stub as your proof of income.

**Third Party Guarantor Form:** Please attach your completed guarantor form.

**Letter of Recommendation:** On a separate sheet of paper, please attach a letter of recommendation from a non-familial source. We encourage the recommender to make specific comments on the applicant’s strengths and limitations for joining the Best Buddies Living program. Descriptions of significant actions, accomplishments, and personal qualities are particularly helpful.

**Important Notice:**
A. Termination of leases: Students sign a year-long lease with BB Living to be paid monthly. After one year, the lease becomes a month-by-month rental agreement. Students who seek to vacate BB Living mid-semester/prior to the end of resident’s lease may be liable for rent as BB Living is responsible for ensuring occupancy.

I hereby agree to respect and uphold the notices outlined above.

Signature of Applicant: ___________________________________________ Date: _____________
THIRD PARTY GUARANTOR AGREEMENT ATTACHMENT TO RENTAL AGREEMENT (Notarization May Be Required)

I, _____________________________________ (Guarantor), hereby guarantee timely rental payment to Best Buddies International for the tenancy of __________________ at ______________________________, __________________, _________________.

In addition, I guarantee to pay for any repairs, or for other damages caused to Tenant’s unit, or to any common areas for which Tenant is responsible. I guarantee to pay for any repairs or damages to Tenant’s unit or common areas caused by guests of Tenant or by any other visitor, or invitee of Tenant or any person under the control of Tenant.

I also guarantee payments pursuant to any rental agreement provision signed by the above-named Tenant and any extension of the rental agreement including but not limited to rental payments, eviction and collection proceedings, and reasonable attorney fees incurred in any rent collection or damages dispute.

I understand that I am jointly and severally responsible for all rent and damages to and for Tenant’s unit and common areas, reasonable wear and tear excepted.

The Rental Agreement shall be governed by and interpreted in accordance with the laws of the State of __________________.

Guarantor has read and understands the Third-Party Guarantor obligations set forth above and knowingly and voluntarily enters into this Agreement. Guarantor has been provided with a copy of the Rental Agreement and this Third-Party Guarantor Agreement.

________________________________
Guarantor (Print Full Name)

________________________________  ______________________
Guarantor Signature                                  Date

Guarantor Contact Information:

Address: __________________________________

Work Phone: ______________________   Cell Phone.: ______________________

________________________________
Housing Program Witness                         Date