

(return this form to host or office)

## Information Needed to Enroll You in LWUMC Safe Parking

Head of Household Name \_\_\_\_\_

Your Phone Number \_\_\_\_\_ text or voice? \_\_\_\_\_

Your Email \_\_\_\_\_ (print clearly)

Emergency contact person for you: \_\_\_\_\_

Their Phone number/email \_\_\_\_\_

### Who is in your car:

Your name \_\_\_\_\_ Birthdate \_\_\_\_\_

Additional person \_\_\_\_\_ Birthdate \_\_\_\_\_

Additional person \_\_\_\_\_ Birthdate \_\_\_\_\_

Description of pets in the car \_\_\_\_\_

### Your car:

Make of Car \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_

License Plate Number \_\_\_\_\_ State \_\_\_\_\_

A copy of the **LWUMC Safe Parking Program Agreement Rules and Procedures** has been given to me, and I agree to abide by them. I understand that any violation of these rules may result in a warning or immediate suspension of my privileges to park at LWUMC or be on property. \_\_\_\_\_ (Initial)

I agree to hold LWUMC, the City of Kirkland, the agency that referred me to LWUMC Safe Parking Program, their officers, agents, and employees, harmless from any injury to person or damage to property arising out of or in any way related to the use of the LWUMC parking lot, building, and grounds. \_\_\_\_\_ (Initial)

### Each adult in the car must sign:

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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**OPTIONAL INFORMATION FOR HOUSING REFERRALS**

**Name of Head of Household, age and gender:**

<b>Name</b>	<b>Age</b>	<b>Gender</b>
1. _____	_____	_____

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Family members (age and gender of all other members of household):**

2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_  
5. \_\_\_\_\_

Monthly income:

Is anyone in the family a US Military veteran?

Is anyone in the family disabled?

When did you lose your housing?

How did you hear about LWUMC Safe Parking?

**Does the family have Photo IDs for all adults, IDs for children, and Income Verification from the last 30 days?**

Anything else we should know to make an appropriate housing referral?

Do you give Lake Washington UMC permission to share information with Sophia Way, Catholic Community Services, Hopelink, Attain Housing or any other housing provider for the purpose of making a housing referral? If yes, sign and date below:

\_\_\_\_\_ Date \_\_\_\_\_  
Sign your name

\_\_\_\_\_ Print your name

**CONFIDENTIAL – Destroy Bottom Section after Check**

**Background Check Authorization**

Print Full Name: \_\_\_\_\_  
(First) (Middle) (Last)

Former Name(s) and Dates Used: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Gender:	Marital Status:	Pronouns: _____
<input type="checkbox"/> Male	<input type="checkbox"/> Partnered	Ethnicity: _____
<input type="checkbox"/> Female	<input type="checkbox"/> Married	Race: _____
<input type="checkbox"/> Non-Binary	<input type="checkbox"/> Single	
	<input type="checkbox"/> Widowed	

Driver's License Number: \_\_\_\_\_

The information contained in this application is correct to the best of my knowledge. I hereby authorize **Lake Washington UMC** and its designated agents and representatives to conduct a comprehensive review of my background to be a guest of Safe Parking. I understand that the scope of the background check may include verification of social security number and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions.

I further authorize law enforcement agencies to divulge any and all information, verbal or written, pertaining to me, to **Lake Washington UMC** or its agents.

\*\* **Lake Washington UMC** and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicant's personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_

Tear off this section and destroy after running the check. Retain only the top portion.

Social Security Number: \_\_\_\_\_