

APPLICATION FORM

LETTERHEAD OF PROPERTY
ADDRESS OF PROPERTY
PHONE NUMBER (LIST TDD NUMBER AS WELL)

FOR OFFICE USE ONLY:

Priorities _____

Category _____

Adj. Annual Inc. \$ _____

% of Inc. from Rent _____

Application Approved by _____

Interviewed by _____

APPLICATION FOR HOUSING AT _____

APPLICANT NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

TELEPHONE (DAYS) _____ (EVENINGS) _____

CO-APPLICANT NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

TELEPHONE (DAYS) _____ (EVENINGS) _____

This application is for:

_____ 1-BR Apartment

_____ 2-BR Apartment

_____ 3-BR Apartment

_____ 4-BR Apartment

_____ Do you desire a unit adapted for wheelchairs?

_____ Do you have a car?

_____ Do you have a pet?

If so, what kind? _____

HOUSEHOLD INFORMATION

Please complete the chart below, starting with yourself on the first line, listing all other persons who will live with you in the apartment.

NAME	DATE OF BIRTH	SS#	SEX	RELATION TO HEAD OF HSHD

How did you hear about this property? _____

Why do you wish to move at this time? _____

HOUSING HISTORY

PRESENT LANDLORD: Name _____

Landlord's Address _____

Phone _____ How long have you lived there? _____

Monthly rent \$ _____ Monthly fuel & electric costs \$ _____

PREVIOUS HOUSING

Your Previous Landlord's Name _____

His/Her Address _____

His/Her Phone _____

Monthly rent \$ _____ Monthly fuel & electric costs \$ _____

How long did you live there? _____

Reason for moving _____

IF YOU OWN YOUR OWN HOME:

Monthly Mortgage \$ _____ Balance on Mortgage \$ _____

Real Estate Taxes per year \$ _____

Insurance Premium per year \$ _____

Monthly fuel & electric costs \$ _____

Other expenses _____

INCOME AND ASSETS

Our housing program requires that you be income eligible as defined by published guidelines. In order to determine your eligibility, it is necessary for you to provide the following information, which will be verified at the time your name comes up on the waiting list.

Be sure to include all sources of income which may include, but not be limited to: Wages, Social Security, SSI, SSDI, Veteran's Benefits, Survivor's Benefits, Other Pensions, AFDC, General Relief, Aid to the Blind, Alimony, Child Support, Unemployment Compensation, Worker's Compensation.

APPLICANT

Employer: _____

Address: _____ City: _____ Zip Code: _____

Telephone: _____ Position: _____

How long with this employer? _____

CO-APPLICANT

Employer: _____

Address: _____ City: _____ Zip Code: _____

Telephone: _____ Position: _____

How long with this employer? _____

Please complete the following information for each person, BEGINNING WITH YOURSELF, who will occupy the apartment:

FAMILY MEMBER	SOURCE OF INCOME	GROSS AMOUNT	WEEKLY, MONTHLY, ANNUALLY?

List all checking and savings accounts, IRAs, Keoughs, and Certificates of Deposit below:

FAMILY MEMBER	ACCOUNT NUMBER	BANK NAME	ADDRESS	ACCOUNT NUMBER	CURRENT BALANCE

List any Stocks and Bonds that you own:

Name of Stock: _____ # of Shares: _____

Value: \$ _____ Annual income: \$ _____

List any Real Estate that you currently own:

Description and Address: _____

Current Market Value: \$ _____

Balance due on Mortgage: \$ _____

What are your plans for the Real Estate if you move to one of our apartments? _____

Have you given away or sold any property or other assets in the past two years? Yes _____ No _____

If yes, please describe: _____

CREDIT REFERENCES

Name and Address: _____

Account # _____

Name and Address: _____

Account # _____

Name and Address: _____

Account # _____

PERSONAL REFERENCE

Name and Address: _____

Telephone: _____ Relationship: _____

EMERGENCY CONTACT

If we are not able to reach you, please list a person we could contact:

Name and Address: _____

Telephone: _____ Relationship: _____

ELIGIBILITY FOR PREFERENCE STATUS

The following information will need to be verified prior to the offer of an apartment.

Please check any and all categories which apply to your situation.

_____ Have been or within six months will be involuntarily displaced and without standard permanent replacement housing; (If checked, please give details below.)

_____ Living in substandard housing or homeless; (If checked, please give details below.)

_____ Paying 50 percent or more of household income for rent and utilities. If yes, how much are you paying each month for rent? _____ How much are you paying each month for utilities (excluding phone)? _____

Is there any additional information you would like us to know about your situation: _____

RACE/NATIONAL ORIGIN *Please note: Completion of this section is optional.*

The Federal Government requires that we obtain the following information in order to monitor the owner's compliance with Equal Housing Opportunity and Fair Housing laws. The law provides that an applicant may not be discriminated against on the basis of the information supplied below or whether or not the information is furnished.

_____ White/Non-Minority _____ Am. Indian/Native Am.

_____ Black _____ Hispanic

_____ Asian _____ Other

_____ I do not wish to furnish the above information

APPLICANT'S CERTIFICATION

Please read each item below carefully before you sign.

1. I hereby certify that the information provided in this application is correct to the best of my knowledge.
2. I understand that this is a preliminary application and the information provided does not guarantee housing. Additional information and verifications may be necessary to complete the application process.
3. I hereby give (managing agent) authorization to verify the information in this application.
4. **WARNING:** Section 1001 of Title 1 B of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the U.S. as to any matter within its jurisdiction. It is a criminal offense to make willfully false statements or misrepresentations on this preliminary application and may be grounds for denying residency.

Applicant's Signature

Date

Co-Applicant's Signature

Date

FAIR HOUSING LOGO

WHEELCHAIR LOGO

NAME OF MANAGING AGENT

ADDRESS

PHONE NUMBER (INCLUDE TDD NUMBER)