



APPLICATION FOR AFFORDABLE HOUSING

Each adult over the age of 18 must complete a separate application.

FOR OFFICE USE ONLY	
DATE RECEIVED: _____	TIME: _____
RECEIVED BY: _____	

SIZE OF UNIT REQUIRED: (CIRCLE ONE)	STUDIO	1 BR	2BR	3BR
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Applicant's (Legal) Name	Male/Female	Social Security #	Birthdate	Driver's License # and State
Spouse/Co-Applicant (Legal) Name	Male/Female	Social Security #	Birthdate	Driver's License # and State

Other persons to occupy rental property:

Name	Male/Female	Social Security #	Birthdate	Relationship
Name	Male/Female	Social Security #	Birthdate	Relationship
Name	Male/Female	Social Security #	Birthdate	Relationship
Name	Male/Female	Social Security #	Birthdate	Relationship

RESIDENCE / RENTAL HISTORY

All rental history listed will be verified. Include rentals, living with friends/relatives, shelters, institutions, group homes, etc. Attach additional pages if necessary.

Applicant's Present Address	City	State	Zip	Move-in Date	Applicant's Present Phone #
Present Landlord					Landlord Phone #

Applicant's Previous Address	City	State	Zip	Move-in Date	Applicant's Previous Phone #
Previous Landlord					Landlord Phone #

Applicant's Previous Address	City	State	Zip	Move-in Date	Applicant's Previous Phone #
Previous Landlord					Landlord Phone #

EMPLOYMENT HISTORY / GROSS INCOME
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Applicant's Employer	\$ _____	# Hours/Week	Supervisor's Name
Employer's Address	City	State	Zip
		Phone #	Occupation

Applicant's Previous or Second Employer	\$ _____	# Hours/Week	Supervisor's Name
Employer's Address	City	State	Zip
		Phone #	Occupation

ADDITIONAL INCOME – Monthly

Pension \$ _____	Social Security \$ _____	Social Security Disability \$ _____	SSI \$ _____
Child Support \$ _____	Public Assistance \$ _____	Other Source _____	\$ _____

ASSETS

Attach additional pages if necessary.

Name of Bank or Savings and Loan

Address, City, State, Zip

Name of Additional Bank or Savings and Loan

Address, City, State, Zip

\$ _____
Checking Balance

\$ _____
Savings Balance

\$ _____
C.D.

\$ _____
Escrow Balance

\$ _____
Stock Value

\$ _____
IRA

\$ _____
Annual Interest /Dividend Income from all Assets

\$ _____
Real Estate Holdings-Market Value

ELIGIBILITY DETERMINATIONS

Yes No Are you, or anyone who will be occupying the unit, currently receiving rental assistance from HUD (Voucher or Project Based)?

Yes No Have you, or anyone who will be occupying the unit, ever been convicted of a criminal offense?
If YES : City _____ State _____ Offense(s) _____

Yes No Are you, or anyone who will be occupying the unit, required to register as a sex offender?

Yes No Have you, or anyone who will be occupying the unit, been evicted in the last 3 years from federally assisted housing for drug related criminal activity?

Yes No Do you qualify for Senior Housing (62 years or over)?

Yes No Do you require the features of an accessible unit and wish to be on the waiting list for mobility impaired accessible units?

Yes No Do you require a unit designed for hearing or sight impaired?

Yes No Are you currently an illegal user of a controlled substance?

Yes No Have you ever been convicted of the illegal manufacture or distribution of a controlled substance?

Yes No Has your assistance or tenancy in a subsidized housing program ever been terminated for fraud, non-payment of rent or failure to cooperate with recertification procedures?

Yes No Are you currently enrolled as a student in an institute of higher education?

Yes No Have you been displaced by government action or by a presidential declared disaster?

Yes No Will this be your primary residence?

Yes No Do you have a pet?

Yes No Do you have a service animal?

How did you learn about this housing? _____

I am aware that an incomplete application causes a delay in processing and may result in denial of tenancy.

Signature of Applicant

Date