



FOR OFFICE USE ONLY

DATE RECEIVED: _____ TIME: _____

RECEIVED BY: _____

APPLICATION FOR AFFORDABLE HOUSING

SIZE OF UNIT REQUIRED: (CIRCLE ONE) STUDIO 1 BR 2BR 3BR

Applicants 62 or older as of January 31, 2010 and do not have a SSN and were receiving HUD rental assistance at another location on January 31, 2010, are exempt from disclosing and providing verification of a SSN.

Applicant's (Legal) Name _____ Social Security # _____ Birthdate _____ Driver's License # and State _____

Spouse/Co-Applicant (Legal) Name _____ Social Security # _____ Birthdate _____ Driver's License # and State _____

Other persons to occupy rental property:

Name _____ Social Security # _____ Birthdate _____ Relationship _____

Name _____ Social Security # _____ Birthdate _____ Relationship _____

Name _____ 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

Applicant's Employer _____ \$ _____ Salary / Wage _____ # Hours/Week _____ Supervisor's Name _____

Employer's Address _____ City _____ State _____ Zip _____ Phone # _____ Occupation _____

Applicant's Previous or Second Employer _____ \$ _____ Salary / Wage _____ # 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

\$ _____
CD

\$ _____
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 in any state?
- 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, or anyone who will be occupying the unit, 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?
- Yes No Is any member of the household a U.S. Military veteran?

Please list all states that **each household member** has resided: _____

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