

IV. INFORMATION ON SERVICE PROVIDER

Name of agency providing services: _____ Contact Person: _____
 Phone Number: _____
 How will services be paid for? _____

V. HOUSING PREFERENCE

Please check the box indicating which housing arrangement you would prefer. We will do our best to meet requests, however cannot guarantee we can satisfy all requests.

One bedroom apartment
 Two bedroom or three bedroom unit, shared with another applicant

VI. MEDICAL EXPENSES (Disclosure of the following information is voluntary and will be used for the purpose of verifying allowances against income in determining the resident's monthly housing charge. List out-of-pocket medical expenses paid by you for which you are not reimbursed.)

MEDICARE:	\$ _____	DESCRIBE:	_____
MEDICAL INSURANCE:	\$ _____	DESCRIBE:	_____
DOCTOR BILLS:	\$ _____	DESCRIBE:	_____
HOSPITAL BILLS:	\$ _____	DESCRIBE:	_____
OTHER MEDICAL EXPENSES:	\$ _____	DESCRIBE:	_____
	\$ _____	DESCRIBE:	_____
	\$ _____	DESCRIBE:	_____

VII. ASSET INFORMATION

CHECKING:

SINGLE _____ NAME OF BANK/CREDIT UNION _____ ACCOUNT NUMBER _____
 JOINT _____ CURRENT BALANCE _____
 NO CHECKING ACCT _____ FULL STREET ADDRESS _____ INTEREST BEARING ? _____
 _____ INTEREST AMOUNT: _____
 _____ CITY/STATE/ZIP _____

SAVINGS:

SINGLE _____ NAME OF BANK/CREDIT UNION _____ ACCOUNT NUMBER _____
 JOINT _____ CURRENT BALANCE _____
 NO SAVINGS ACCT _____ FULL STREET ADDRESS _____ INTEREST BEARING ? _____
 _____ INTEREST AMOUNT: _____
 _____ CITY/STATE/ZIP _____

SINGLE _____ NAME OF BANK/CREDIT UNION _____ ACCOUNT NUMBER _____
 JOINT _____ CURRENT BALANCE _____
 NO CERT or Money Market Acct _____ FULL STREET ADDRESS _____ INTEREST BEARING ? _____
 _____ INTEREST AMOUNT: _____
 _____ CITY/STATE/ZIP _____

TRUST FUND?: PRINCIPAL VALUE: \$ _____
 No Trust Fund

REAL ESTATE?: VALUE: \$ _____ JOINTLY OWNED BY: _____
 No Real Estate

STOCKS/BONDS: YES then provide company name & address for each _____
 No Stocks/Bonds _____

ASSETS DISPOSED OF: Have you disposed of any assets (home, land, business, etc.) NO YES

IF YES:	NAME OF ASSET _____	WAS SOLD OR TRANSFERRED ON: _____	\$ _____
TYPE OF ASSET:	_____	YOUR ESTIMATE OF THE MARKET VALUE OF THE ASSET:	\$ _____

VIII. BACKGROUND AND CRIMINAL HISTORY (A Public Records search will be conducted on each applicant. Any one or more of the following may result in automatic denial of the application.)

DO YOU HAVE ANY FELONIES OR MISDEMEANORS INVOLVING:

YES NO SEXUAL MISCONDUCT?
 YES NO ILLEGAL POSSESSION, MANUFACTURE, SALE AND/OR DISTRIBUTION OF A CONTROLLED SUBSTANCE?
 YES NO PHYSICAL CRIME AGAINST A PERSON OR PERSONS AND/OR ANOTHER PERSON'S PROPERTY?

IX. CERTIFICATION OF APPLICANTS

VERY IMPORTANT - READ CAREFULLY

I/We certify the information given in this application is accurate and complete. I/We further understand that any inaccuracies provided or information withheld may be the basis for immediate denial of my application by the Owner/Agent. I/We, by signature below, authorize the Owner/Agent to request complete criminal background check through an outside independent background service company to secure a written report of all information pertaining to [but not limited to] sex offender records, criminal background, etc. I/We further agree that this application does not constitute any oral and/or written commitment on the part of the Owner/Agent. I/We understand the Owner/Agent will request only that information necessary to determine the person's eligibility or level of assistance.

PLEASE BE FURTHER ADVISED

Federal law prohibits the Landlord from discriminating against any applicant because of race, color, creed, religion, sex, national origin, political or other affiliation, familial status, handicap, or source of income.

As required by federal law, applicants must produce proof of their social security numbers. Individuals who have not been assigned a social security number are required to sign and date a certification stating that a social security number has not been assigned. This certification requires subsequent compliance should this apply. All members of the household age 6 and older are required to have a valid social security number.

Signature of Applicant

Date

Signature of Guardian

Date

For Office Use Only:

INCOME LIMIT: \$ _____ [] LOW [] VERY LOW [] EXTREMELY LOW

UNIT SIZE NEEDED: _____

RENTAL HISTORY: [] ACCEPTABLE [] NOT ACCEPTABLE

SIZE OF HOUSEHOLD: _____

CREDIT CHECK: [] ACCEPTABLE [] NOT ACCEPTABLE

SECURITY DEPOSIT: _____

BACKGROUND: [] ACCEPTABLE [] NOT ACCEPTABLE

MONTHLY RENT: _____

[] APPLICATION ACCEPTED

[] APPLICATION DENIED

[] ADDED TO WAITING LIST

REASON FOR DENIAL: _____

[] UNIT ASSIGNED _____

DATE DENIAL SENT: _____

NOTES: _____

PROPERTY MANAGERS SIGNATURE: _____

DATE: _____