

Desired Apartment Size (check one): 1BR

# Hearthstone



### APPLICANT QUESTIONNAIRE

2 BT

Date Desired:		_		
Household Information				
List all household members a overtime, tips, bonuses, combenefits.				
*If employment listed below is I	less than two years, plea	ase list previous empl	oyment for each membe	r of the household.
Name of Each First → Household Member Last →	HEAD	2	3	4
Relationship to Head of Household	HEAD			
Male / Female				
Social Security Number				
Date of Birth				
Student Yes/No				
Incom	e anticipated for the n	ext 12 months for ea	ch household member	
Name of Employer				
Dates Employed				
Position				
Annual or Monthly Income				
Name of Employer				
Dates Employed				
Position				
Annual or Monthly Income				
Alimony, Child Support				
Social Security, Pensions, Retirement Funds, Etc.				
Self Employment Income				
Other Income				
Other Income				

#### Include all assets held and the income derived from the assets.

	Intoluce an access held and the in	Toomo don vod monn tino docoto.	
Assets	Bank Name	Account Number	List Average Balance
Checking			
Checking			
Savings			
Investments			
Investments			



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Do you fall into the category of "Frail Elderly" as defined below (check appropriate box)? YES □ NO □

living. Also		limitations in mental capacity or em-	ily living or instrumental activities of daily otional strength and motivation that affect
Current Add	dress:		
Home Phor	ne:		
Work Phon	e:		
Cell Phone	:		
Do you hav	e any pets? Yes  No If yes, plo	ease list all pets.	
Housing	Information		
Do you owr	or rent at your current address? Re	ent 🗆 Own 🗖	
If you have	rented an apartment during the past 1	TWO years, please list apartment info	ormation below:
	<u>Current Landlord's</u> <u>Name/ Address</u>	Your Address	<u>Dates</u> <u>From:</u> <u>To:</u>
Name:			
Address:			Amount Paid
Phone:			
	Previous Landlord's Name/ Address	Your Address	<u>Dates</u> <u>From:</u> <u>To:</u>
Name:			
Address:			Amount Paid
Phone:			
Signature	e Clause		
I certify that to release to	t all information and answers to the a	ne my eligibility. I understand that p	te to the best of my knowledge. I consent providing false information or making false
for occupar numbers w	ncy. I will provide all necessary inf	formation including source names, a ation required for expediting this pro	for the purpose of providing my eligibility addresses, phone numbers, and account cess. I understand that my occupancy is
,		household members must sign be	elow:
Signature			Date
Signature			Date



## Hearthstone



#### **Statistical Information**

The following information is required for statistical purposes so that the Department of Housing and Urban Development (HUD) may determine the degree to which its programs are being utilized by people of different racial & ethnic backgrounds.

**RACIAL GROUP IDENTIFICATION:** Used for statistical purposes only. (Please check only one from this group for the head of household only)

Single Race		<u>Multi-Race</u>			
	White	American Indian or Alaska Native & White Asian & White Black or African American & White American Indian or Alaska Native & Black or African American Other Multi Racial		ska Native & White	
	Black or African American				
	Asian				
	American Indian or Alaska Native				
	Native Hawaiian or Other Pacific Islander				
ETHNICITY: (check only one from this group)		Hispanic	Non-H	ispanic	
Do you need a handicapped accessible/adaptable apartment?			Yes	No	