EQUAL HOUSING OPPORTUNITY

HUGHSON COMMONS

APPLICANT QUESTIONNAIRE

Desired Apartment Size (check one): 1BR ☐ 2 BR ☐

Date Desired: _____

Household Information

List all household members and all sources of income for each member that will be living in this apartment. Please include overtime, tips, bonuses, commissions, unemployment benefits, public assistance, child support, pension, social security benefits.

*If employment listed below is less than two years, please list previous employment for each member of the household.

Name of Each Household Member First ➔ / Last ➔	HEAD	2	3	4
Relationship to Head of Household	HEAD			
Male / Female				
Social Security Number				
Date of Birth				
Student Yes/No				

Income anticipated for the next 12 months for each 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.

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☐

"Persons age 55 or more who require assistance with one or more activities of daily living or instrumental activities of daily living. Also, persons age 55 or more who have limitations in mental capacity or emotional strength and motivation that affect their capacity to viably live independently; that is without assistance or intervention."

Current Address: _____

_____

Home Phone:

Work Phone:

Cell Phone:

Do you have any pets? Yes☐ No☐ If yes, please list all pets. _____

Housing Information

Do you own or rent at your current address? Rent☐ Own☐

If you have rented an apartment during the past **TWO** years, please list apartment information below:

	Current Landlord's Name/ Address	**Your Address**	**Dates From: To:**
Name:			
Address:			**Amount Paid**
Phone:			

	Previous Landlord's Name/ Address	**Your Address**	**Dates From: To:**
Name:			
Address:			**Amount Paid**
Phone:			

Signature Clause

I certify that all information and answers to the above questions are true and complete to the best of my knowledge. I consent to release the necessary information to determine my eligibility. I understand that providing false information or making false statements may be grounds for denial of my application.

I authorize my consent to have management verify the information in this application for the purpose of providing my eligibility for occupancy. I will provide all necessary information including source names, addresses, phone numbers, and account numbers where applicable and any other information required for expediting this process. I understand that my occupancy is contingent on meeting management's resident selection criteria and requirements.

All ADULT household members must sign below:

_____ _____

Signature **Date**

_____ _____

Signature **Date**

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

- ☐ White
- ☐ Black or African American
- ☐ Asian
- ☐ American Indian or Alaska Native
- ☐ Native Hawaiian or Other Pacific Islander

Multi-Race

- ☐ 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

ETHNICITY: (check **only one** from this group) ☐ Hispanic ☐ Non-Hispanic

Do you need a handicapped accessible/adaptable apartment? ☐ Yes ☐ No