





Household Information	
Date Desired:	<u> </u>
Desired Apartment Size (check one): 1BR	2 BT

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 Employ	er			
Dates Employe	ed			
Position	on			
Annual or Monthly Incom	ne			
Name of Employ	er			
Dates Employe	ed			
Position	on			
Annual or Monthly Incom	ne			
Alimony, Child Suppo	ort			
Social Security, Pensior Retirement Funds, E				
Self Employment Incom	ne			
Other Incon	ne			
Other Incon	ne			

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

include an assets field and the income derived from the assets.				
Assets	Bank Name	Account Number	List Average Balance	
Checking				
Checking				
Savings				
Investments				
Investments				







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	aily living or instrumental activities of daily notional strength and motivation that affect
Current Add	dress:		
Home Phor	ne:		
Work Phon	e:		
Cell Phone	:		
Do you hav	re any pets? Yes <a> No</a> <a> If yes</a> , pl	ease list all pets.	
Housing	Information		
Do you owr	n or rent at your current address? Re	ent 🗆 Own 🗖	
If you have	rented an apartment during the past	TWO years, please list apartment inf	ormation below:
	Current Landlord's Name/ Address	<u>Your Address</u>	Dates From: To:
Name:			
Address:			Amount Paid
Phone:			
	<u>Previous Landlord's</u> <u>Name/ Address</u>	<u>Your Address</u>	<u>Dates</u> <u>From:</u> <u>To:</u>
Name:			
Address:			Amount Paid
Phone:			
Signature	e Clause		
to release t		ne my eligibility. I understand that p	ete to the best of my knowledge. I consent providing false information or making false
for occupainumbers w	ncy. I will provide all necessary in	formation including source names, nation required for expediting this pro	n for the purpose of providing my eligibility addresses, phone numbers, and account ocess. I understand that my occupancy is
· ·	•	household members must sign be	elow:
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 <u>check only one from this</u> group for the <u>head of household only</u>)

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