

ADMISSIONS APPLICATION FOR SENIOR/DISABLED HOUSING

DATE: _____

TIME: _____

NAME: _____

YOUR PHONE # _____

CURRENT ADDRESS: _____

CURRENT LANDLORD: NAME: _____

ADDRESS: _____

PHONE #: _____

HOW LONG HAVE YOU LIVED THERE?: _____

PREVIOUS LANDLORD (If you have lived at present address for less than 3 years):

NAME: _____

ADDRESS: _____

PHONE #: _____

HAVE YOU EVER BEEN
EVICTED FROM PUBLIC
HOUSING OR OTHER
SUB-SIDIZED HOUSING?
 YES NO

**ARE YOU
APPLYING FOR
ASSISTED LIVING?**
 YES NO

**IF YES, DO YOU
HAVE A MEDICAID
WAIVER FOR
ASSISTED LIVING?**
 Yes NO

IS HEAD OF HOUSEHOLD OR SPOUSE DISABLED?
 YES NO

IF YES, PLEASE LET US KNOW IF YOU WE CAN
REASONABLY ACCOMMODATE YOU IN SOME
WAY: _____

ARE YOU CURRENTLY EMPLOYED: YES NO

IF YES, PLEASE LIST EMPLOYER NAME: _____

ADDRESS: _____

PHONE # _____

PLEASE LIST BELOW EACH PERSON WILL LIVE IN THE UNIT. IF APPLYING AS A SINGLE PERSON, PLEASE LIST YOURSELF.

NAME(S)	SEX (M OR F)	DATE OF BIRTH	PLACE OF BIRTH	SOCIAL SECURITY #

MINORITY STATUS (Circle One): WHITE AFRO-AMERICAN ASIAN

NATIVE AMERICAN ALASKAN NATIVE PACIFIC ISLANDER

ETHNICITY: HISPANIC NON-HISPANIC

INCOME SOURCES:

NAME	WAGES, SALARY, TIPS (MONTHLY TOTAL)	SSI/SOCIAL SECURITY, PUBLIC ASS., PENSION (MONTHLY)	OTHER INCOME (MONTHLY)	

ASSETS

NET FAMILY ASSETS INCLUDE: HOUSE, PROPERTY, STOCKS, BONDS, CHECKING ACCOUNTS, SAVINGS ACCOUNTS, CDs, ANY TYPE OF INTEREST BEARING ACCOUNTS:

I CERTIFY THAT THE INFORMATION PROVIDED IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE INQUIRIES TO BE MADE TO VERIFY THAT STATEMENTS ABOVE.

SIGNATURE OF HEAD OF HOUSE

DATE