

# APPLICATION FOR ADMISSION

Please complete application in its entirety and print legibly.

## **PART I.**

### APPLICANT INFORMATION

HEAD OF HOUSEHOLD: \_\_\_\_\_  
Last First M. I.

STREET ADDRESS: \_\_\_\_\_ APT No: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE NO: \_\_\_\_\_ ALTERNATE NO: \_\_\_\_\_

## **PART II.**

### FAMILY COMPOSITION

List names of all persons who will be occupying dwelling, including self.

NAME	SEX	RACE CODE* (circle one)	ETHNICITY CODE** (circle one)	DATE OF BIRTH	PLACE OF BIRTH (City/State/Country)	RELATIONSHIP TO HEAD	SOCIAL SECURITY NUMBER
1.		1 - 2 - 3 - 4 - 5	1 - 2			SELF	
2.		1 - 2 - 3 - 4 - 5	1 - 2				
3.		1 - 2 - 3 - 4 - 5	1 - 2				
4.		1 - 2 - 3 - 4 - 5	1 - 2				
5.		1 - 2 - 3 - 4 - 5	1 - 2				
6.		1 - 2 - 3 - 4 - 5	1 - 2				

\* RACE CODE: 1-White 2-Black 3-American Indian/Alaskan 4-Asian 5-Hawaiian/Pacific Islander  
 \*\* ETHNICITY CODE: 1-Hispanic 2-Non-Hispanic

Please check one of the following:

Are you \_\_\_Single \_\_\_ Married \_\_\_ Divorced \_\_\_ Separated?

Are you or any member of your household currently serving in the Military? \_\_\_Yes \_\_\_No

Are there any adopted minors in the household? \_\_\_Yes \_\_\_No

## **PART III.**

### EMPLOYMENT INFORMATION

**Section A.:** List all employment, for each household member during the past 12 months.

NAME OF EMPLOYED HOUSEHOLD MEMBER	NAME OF EMPLOYER	EMPLOYER ADDRESS	MONTHLY WAGES
1.			\$
2.			\$
3.			\$
4.			\$

If not employed, do you or any household member anticipate becoming employed within the next twelve months? \_\_\_Yes \_\_\_No

Do you or any household member receive child support? \_\_\_Yes \_\_\_No

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## INCOME

**Section B.:** Do you or any member of your household receive Social Security, Pension, Veteran's benefit, Workers' Compensation, or payments from a Retirement Fund? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, please indicate name of person receiving, source and amount received below.

NAME	SOURCE	MONTHLY AMOUNT
1.		\$
2.		\$
3.		\$
4.		\$

**DO YOU OR ANY HOUSEHOLD MEMBER RECEIVE ANY OF THE FOLLOWING:**

- YES \_\_\_ NO \_\_\_ PUBLIC ASSISTANCE  
 YES \_\_\_ NO \_\_\_ UNEMPLOYMENT BENEFITS  
 YES \_\_\_ NO \_\_\_ INCOME FROM RENTAL OF REAL ESTATE  
 YES \_\_\_ NO \_\_\_ INCOME FROM PERSONAL PROPERTY  
 YES \_\_\_ NO \_\_\_ INCOME FOR A FAMILY MEMBER (S) AGE 17 OR UNDER  
 YES \_\_\_ NO \_\_\_ PERIODIC PAYMENTS FROM LOTTERY WINNINGS  
 YES \_\_\_ NO \_\_\_ ALIMONY  
 YES \_\_\_ NO \_\_\_ MILITARY ACTIVE DUTY ALLOTMENTS  
 YES \_\_\_ NO \_\_\_ PERIODIC PAYMENTS FROM A TRUST OR ANNUITY  
 YES \_\_\_ NO \_\_\_ SELF-EMPLOYMENT  
 YES \_\_\_ NO \_\_\_ RAIL ROAD RETIREMENT ACT INCOME  
 YES \_\_\_ NO \_\_\_ WAGES, TIPS OR BONUSES  
 YES \_\_\_ NO \_\_\_ ONGOING CASH CONTRIBUTIONS OR CASH GIFTS  
 YES \_\_\_ NO \_\_\_ PERIODIC PAYMENTS FROM AN INHERITANCE  
 YES \_\_\_ NO \_\_\_ PERIODIC PAYMENTS FROM INSURANCE POLICIES  
 YES \_\_\_ NO \_\_\_ PERIODIC PAYMENTS FROM RETIREMENT FUNDS OR PENSIONS. IF YES, PLEASE EXPLAIN \_\_\_\_\_

## **PART IV.** SCHOOL/JOB TRAINING INFORMATION

List all family members (18 years of age or older) who are in school or in a job-training program.

NAME OF STUDENT	NAME OF SCHOOL(S) / JOB-TRAINING PROGRAM(S)	STATUS	PERIOD (mm/dd/yyyy)	
			FROM	TO
1.		Full-time / Part-time		
2.		Full-time / Part-time		
3.		Full-time / Part-time		
4.		Full-time / Part-time		

List all family members who were students during the past twelve months or anticipate becoming a student during the next twelve months.

NAME OF STUDENT	NAME OF SCHOOL(S) / JOB-TRAINING PROGRAM(S)	STATUS	PERIOD (mm/dd/yyyy)	
			FROM	TO
1.		Full-time / Part-time		
2.		Full-time / Part-time		
3.		Full-time / Part-time		
4.		Full-time / Part-time		

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## **PART V.** **LANDLORD HISTORY**

You must list history for the past year.

NAME OF CURRENT LANDLORD: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

LANDLORD STREET ADDRESS: \_\_\_\_\_ CITY/STATE/ZIP: \_\_\_\_\_

MONTHLY RENT AMOUNT: \_\_\_\_\_ MONTHLY UTILITIES AMOUNT: \_\_\_\_\_

HOW MANY TIMES WERE YOU LATE WITH YOUR RENT PAYMENTS? (Please circle one.)      **0 - 2**      **3 - 5**      **6 - 9**      **10 - 12**

DO YOU RENT ON A MONTH-TO-MONTH BASIS?      Yes      No

IF SO, WHEN WAS YOUR MOVE-IN DATE? \_\_\_\_\_ DATE EXPECTED TO MOVE-OUT, IF KNOWN: \_\_\_\_\_

IF NOT, WHAT ARE YOUR ARRANGEMENTS?      **Yearly w/lease**      **Yearly w/no lease**

NAME OF PREVIOUS LANDLORD: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

LANDLORD STREET ADDRESS: \_\_\_\_\_ CITY/STATE/ZIP: \_\_\_\_\_

MONTHLY RENT AMOUNT: \_\_\_\_\_ MONTHLY UTILITIES AMOUNT: \_\_\_\_\_

HOW MANY TIMES WERE YOU LATE WITH YOUR RENT PAYMENTS? (Please circle one.)      **0 - 2**      **3 - 5**      **6 - 9**      **10 - 12**

DID YOU RENT ON A MONTH-TO-MONTH BASIS?      Yes      No

IF SO, WHEN WAS YOUR MOVE-IN DATE? \_\_\_\_\_ WHEN DID YOU MOVE-OUT? \_\_\_\_\_

IF NOT, WHAT WERE YOUR ARRANGEMENTS?      **Yearly w/lease**      **Yearly w/no lease**

## **PART VI.** **EMERGENCY REFERENCE INFORMATION**

### **EMERGENCY REFERENCE No. 1**

NAME: \_\_\_\_\_  
Last First M. I.

FULL ADDRESS: \_\_\_\_\_

TELEPHONE NO: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

### **EMERGENCY REFERENCE No. 2**

NAME: \_\_\_\_\_  
Last First M. I.

FULL ADDRESS: \_\_\_\_\_

TELEPHONE NO: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

UNDER PENALTIES OF PERJURY, I CERTIFY THAT THE INFORMATION PRESENTED IN THIS CERTIFICATION IS TRUE AND ACCURATE TO THE BEST OF MY (OUR) KNOWLEDGE. THE UNDERSIGNED FURTHER UNDERSTANDS THAT PROVIDING FALSE REPRESENTATION HEREIN CONSTITUTES AN ACT OF FRAUD. I WILL NOTIFY MANAGEMENT WHEN CIRCUMSTANCES CHANGE, FOR POSSIBLE RECERTIFICATION. FALSE, MISLEADING OR INCOMPLETE INFORMATION MAY RESULT IN THE TERMINATION OF THE LEASE AGREEMENT AND/OR BENEFITS.

\_\_\_\_\_  
**SIGNATURE OF APPLICANT**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**SIGNATURE OF APPLICANT**

\_\_\_\_\_  
**DATE**