

APPLICATION FOR ADMISSION – WVNL 2

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: _____ **EMAIL:** _____

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				

* 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.		\$

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 IX.

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