

Preliminary Application for Affordable Housing



A. Head of Household Information

1. Last Name: _____	Soc. Sec. No: _____ -- _____ -- _____
2. First Name: _____	Home Phone: () _____ -- _____
3. Home Address: _____	Work Phone: () _____ -- _____
4. P.O. Box or Apt. No.: _____	County: _____
5. City: _____	State: _____ ZIP: _____

B. Household Composition and Income (List ALL sources of income, including, but not limited to Salary, Dividends, Social Security, Child Support, Alimony & Pensions. DO NOT include income from Assets listed in Section C.)

Full Name (First, Middle & Last) <small>List everyone who will occupy the apartment.</small>	Relation To	Date of Birth	Sex	Gross Annual Income
#1	Head of Household			\$
#2				\$
#3				\$
#4				\$
#5				\$
#6				\$

Do you receive Section 8 Rental Assistance that will apply to the affordable apt?: _____
 Do you PAY alimony and/or child support to someone outside the household? _____
 If you do, how much do you pay per month? \$ _____

C. Assets (Bank Accounts, Cert. of Deposit, Mutual Funds, Real Estate, Etc. If you own the home in which you live, clearly indicate BOTH the market value & your equity in the home. Your equity equals the market value less any outstanding mortgage Principal.)

Type of Asset	Current Market Value of Asset	Estimated Annual Income	Interest Rate	
				%
				%
				%

D. Current Situation

Do you currently own your home?
 Yes
 No

Do you have a mortgage?
 Yes
 No

Please be sure to indicate your Equity in your home in Section C to the left.

F. Important Information (Must be signed by everyone over the age of 17.)

I(We) hereby authorize EquiLiving to obtain information regarding the status of my(our) credit, and to check the accuracy of any and all statements and representations made in this application. I(We) certify that all information in this application is accurate, complete and true. I(We) understand that if any statements made are willingly false, the application is null and void, and I(we) may be subject to penalties imposed by law.

Void if not signed.

Signed: _____ Date: _____

Signed: _____ Date: _____

E. Preferences

No. of Bedrooms (limited by number in household):
 One?
 Two?
 Three?

Do you require a handicap-accessible home?: _____

Additional Information

Please use the balance of this page to provide us with any additional information about your application.

