



7) **APPLICANT HOUSING HISTORY:** (Please attach separate sheet, if needed)

<b>From</b> _____ <b>to</b> <b><u>Present</u></b>
Address: Street _____ City _____ State _____ Zip _____
Landlord Name: _____
Address: Street _____ City _____ State _____ Zip _____
Phone: (    ) _____
-----
<b>From</b> _____ <b>to</b> _____
Address: Street _____ City _____ State _____ Zip _____
Landlord Name: _____
Address: Street _____ City _____ State _____ Zip _____
Phone: (    ) _____
-----
<b>From</b> _____ <b>to</b> _____
Address: Street _____ City _____ State _____ Zip _____
Landlord Name: _____
Address: Street _____ City _____ State _____ Zip _____
Phone: (    ) _____

9) Have you ever been evicted?      YES \_\_\_\_\_      NO \_\_\_\_\_      If Yes, explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10) Have you ever been CONVICTED of a crime?      YES \_\_\_\_\_      NO \_\_\_\_\_      If yes, explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11) Are you or any member of your household subject to a lifetime sex offender registration requirement in ANY state?  
YES \_\_\_\_\_ NO \_\_\_\_\_      If YES, list household member(s) \_\_\_\_\_  
Please list ALL STATES in which any household member listed in Question 1 has resided: \_\_\_\_\_  
\_\_\_\_\_

12) Are any family members temporarily absent from the home? YES \_\_\_\_\_      NO \_\_\_\_\_      If Yes, explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13) Are you being forced to move from your home:      YES \_\_\_\_\_      NO \_\_\_\_\_      If Yes, explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14) **INCOME:**

Does anyone listed in question #1 have paid employment? YES \_\_\_\_\_ NO \_\_\_\_\_  
 If yes, please specify:

Applicant \_\_\_\_\_  
 POSITION \_\_\_\_\_ EMPLOYER NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_

Co-applicant \_\_\_\_\_  
 POSITION \_\_\_\_\_ EMPLOYER NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_

What is the **monthly gross** amount received for:

Per Month		Applicant	Co-Applicant
A.	Social Security		
B.	Supplemental Security Income (SSI)		
C.	State Supplemental Payment (SSP)		
D.	Employment (Salary)*		
E.	Pension/Retirement		
F.	Veterans Benefits		
G.	Unemployment		
H.	Workmen's Comp		
I.	Military Pay		
J.	TANF / AFDC / Public Assistance / EAEDC		
K.	Child Support		
L.	Alimony		
M.	Other (Specify: _____) per month		
	*PLEASE INCLUDE SALARIES OF ANYONE 18 YEARS OF AGE OR OLDER		

15) **ASSETS:**

Does anyone listed in question #1 have BANK ACCOUNTS? (*This includes E-payment accounts, Direct Express Debit Cards and Debit Cards*) YES \_\_\_\_\_ NO \_\_\_\_\_ If YES, please list:

Owner of Account	Bank Name	Account #	Account Type	Balance

16) Does anyone listed in question #1 own any Stock/Bonds? YES \_\_\_\_\_ NO \_\_\_\_\_

**If YES on Stocks, please specify:**

Name of Company \_\_\_\_\_ # of shares of stock \_\_\_\_\_  
 Dividend Paid \$ \_\_\_\_\_ Per \_\_\_\_\_

**If YES on Bonds, please specify:**

Paying Company \_\_\_\_\_ Interest \_\_\_\_\_  
 Earned \_\_\_\_\_ per \_\_\_\_\_ Value \_\_\_\_\_

17) Does anyone listed in question #1 have Whole Life Insurance? YES \_\_\_\_\_ NO \_\_\_\_\_  
Name on Policy \_\_\_\_\_ Policy # \_\_\_\_\_ Cash Value \$ \_\_\_\_\_  
Name on Policy \_\_\_\_\_ Policy # \_\_\_\_\_ Cash Value \$ \_\_\_\_\_  
Name on Policy \_\_\_\_\_ Policy # \_\_\_\_\_ Cash Value \$ \_\_\_\_\_

18) Does anyone listed in question #1 have any other assets? YES \_\_\_\_\_ NO \_\_\_\_\_  
If YES, please specify: \_\_\_\_\_  
\_\_\_\_\_

19) Has anyone listed in question #1 disposed of any assets during the 2 years preceding the date of this application?  
YES \_\_\_\_\_ NO \_\_\_\_\_  
If YES, please specify: Type of Asset \_\_\_\_\_ Date Disposed \_\_\_\_\_  
Dollar Amount Received \$ \_\_\_\_\_ Market Value \$ \_\_\_\_\_

20) Do you expect any change in your income or assets during the next 12 months? YES \_\_\_\_\_ NO \_\_\_\_\_  
If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

21) Do you own any real estate? YES \_\_\_\_\_ NO \_\_\_\_\_ If YES, please specify and state the approximate value of the asset: \_\_\_\_\_  
\_\_\_\_\_

22) **MEDICAL EXPENSES paid by you:**

A. Do you pay for Medicare? YES \_\_\_\_\_ NO \_\_\_\_\_ \$ \_\_\_\_\_ per \_\_\_\_\_  
B. Do you pay for additional medical insurance? YES \_\_\_\_\_ NO \_\_\_\_\_  
If YES, please specify: Type \_\_\_\_\_ \$ \_\_\_\_\_ per \_\_\_\_\_  
C. Do you have excessive medical/medication expenses? YES \_\_\_\_\_ NO \_\_\_\_\_  
Please explain: \_\_\_\_\_  
\_\_\_\_\_

23) Have you ever been declared disabled by the Veterans Administration, Social Security Administration, or some other government agency? YES \_\_\_\_\_ NO \_\_\_\_\_  
If yes, please specify the appropriate agency \_\_\_\_\_

24) Do you own a pet? YES \_\_\_\_\_ NO \_\_\_\_\_ If YES, describe \_\_\_\_\_

25) Why do you want to move to this property? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

26) In case of emergency, who should we call?

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Telephone Number \_\_\_\_\_

