

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

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

