HOME Tenant Application

Complex Nam	ie: <u>iviain Street To</u>	wnnomes Preferred Of	iit no or # or Bearoor	ns Requesteu:	
Applicant Nan	ne:				
Telephone:		Em	nail Address:		
Current Addre	ess:				
	Box/Unit #	Street	City	State	Zip
How long?			Monthly rent: _		
Reason for lea	aving:				
Name and tele	ephone of Owner	or Agent:			
PREVIOUS AD	DRESS Previous ac	ddress within last 3 years	:		
From	to	Monthly rent:			
Address:					
Reason for lea	aving:				
		or Agent:			
From	to	Monthly rent:			
Address:					
Reason for lea	aving:				
		or Agent:			
1. List all pers	ons who will occu	py the unit			
c	Occupant	Relationship	Social Security #	Date of Birth	Sex
(a)					
		tal assistance? Yes () No			
-	-		Amount per Mo	nth	
If yes	s, are you receiving	g: Section 8 Certificate ()	•		
	on 8 Voucher ()				
Othe	, ,				
		llowing questions. For ea	ach 'ves" answer, pro	— vide details in the	e chart below.
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Yes No
Is any membe	er of vour househo	ld employed, full time pa	rt-time or seasonally	7	163116
•	-	ehold expect to work for	-		
•	•	ehold work for someone			
•	-	ld on leave of absence from	· ·		
-	•	ld on leave of absence from	•		 itary leave?
-	-			•	
Dues any mer	inser of your nouse	ehold now receive or exp	ect to receive unemp	ioyment benefits:	

Does any member of	your household now receive	or expect to receive chi	ld support?							
Is any member of you	ur household entitled to child	I support that he/she is i	not now receiving	?						
Does any member of your household now receive or expect to receive alimony?										
Is any member of your household entitled to alimony that he/she is not now receiving?										
Does any member of your household now receive or expect to receive welfare assistance?										
Does any member of your household receive or expect to receive Social Security benefits? Does any member of your household receive or expect to receive income from a pension or annuity?										
· · · · · · · · · · · · · · · · · · ·	your household receive inco d dividends from certificates		-							
	ome that your household rec m that source during the nex	_	f income and the	amount of incom	e that					
Family Member	Source/Type of Income	2	Ar	nnual Income						
If additional space is	needed attach a separate sho	eet.								
_	nd savings accounts (includin , including accounts dispose			of Deposit) of all						
Family Member	Financial Institution	Account Number	Туре	Balance						
List value of all stocks	s, bonds, trusts, pension cont	ributions, or other asset								
Do you own a home	or other real estate? Yes	No								
Did you have any ass	ets in the last two years not I	isted above? Yes N	No							
If yes, did you dispos	e of any assets for less than f	air market value? Yes	No							
(This means that the	assets we either given away	or sold at less than the a	illotted market va	lue.)						
	s, the market value at the tin			date you dispose	ed of					
authorize the owner may verification. I certify that those listed on this form and complete to the be and grounds for eviction	IT: I understand that the above in an ager to verify all information part I have revealed all assets current (other than personal property est of my knowledge and belief and I declare and affirm under the me, and to the best of my knowledge.	orovided on this application ently held or previously dispoint). I further certify that the sound am aware that false state e penalties of perjury that the	n and my signature posed of and that I I statements made in tements are punish the claim (petition,	is consent to obtain have no assets other this application are able under Federal I application, informa	such r than true aw					
Signature of Head of Ho	ousehold:		Da	ate						
Signature of Spouse/Co	-Tenant:		Da	ate	EQUAL HOUSING					
- ' '	·				OFFORTUNITY					