

SPRING CENTRE APARTMENTS PRELIMINARY HOUSING APPLICATION

PLEASE PRINT OR TYPE

NAME: _____
 HOME ADDRESS: _____
 CITY, STATE, ZIP: _____
 MAILING ADDRESS (IF DIFFERENT THAN ABOVE): _____
 _____ PHONE: _____
 CITY, STATE, ZIP: _____

TIME: _____

OFFICE USE ONLY

	LIVE IN YOUR HOUSEHOLD	RELATIONSHIP TO HEAD	SEX M/F	RACE	DIS- ABLED?	SOCIAL SEC. #	STUDENT STATUS		DATE OF BIRTH
							FT	PT	
1.		SELF							
2.									
3.									
4.									
5.									
6.									
7.									

WHEELCHAIR ACCESSIBLE UNIT NEEDED? **Y N** DO YOU HAVE A HOUSING CHOICE VOUCHER? **Y N**
 ARE YOU A VETERAN? **Y N**

NUMBER OF BEDROOMS NEEDED: _____

- Does any member in the household have a job?
 WHO IS WORKING? WHERE ARE THEY WORKING? HOW MUCH TO THEY MAKE PER HOUR? HOW MANY HOURS PER WEEK?
- Does anyone in household receive child support?
 If so, who gets the child support, and how much get per month?
- Does anyone in the household receive any other assistance (ex: Social Security, TANF or ADC, Unemployment, Worker's Comp, etc.)?
 WHO GETS IT? WHAT TYPE OF ASSISTANCE DO THEY GET? HOW MUCH DO THEY GET PER MONTH?
- Do you consider yourself homeless?
Y N
- Does anyone in the household receive money from anywhere else?
 Who gets the money? _____
 Where are they getting it from? And how much do they get per month?

I CERTIFY THAT ABOVE INFORMATION IS CORRECT AND TRUE TO THE BEST OF MY KNOWLEDGE. I ALSO UNDERSTAND THAT IF I DON'T REPORT A CHANGE IN ADDRESS, AND AN ATTEMPT IS MADE TO CONTACT ME, MY APPLICATION CARD WILL BE REMOVED FROM THE WAITING LIST.

SIGNATURE