

SPRING POINTE 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

LIST ALL THE MEMBERS WHO WILL 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.								

WHEELCHAIR ACCESSIBLE UNIT NEEDED? Y N **NUMBER OF BEDROOMS NEEDED: _____**

ARE YOU A VETERAN? Y N **DO YOU HAVE A HOUSING CHOICE VOUCHER? Y N**

1. 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?
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2. Does anyone in household receive child support?
 If so, who gets the child support, and how much get per month?

3. Does anyone in the household receive any other assistance (ex: Social Security, TANF or ADC, Unemployment, Worker's Comp, etc.)? 4. Do you consider yourself homeless? **Y N**

WHO GETS IT?	WHAT TYPE OF ASSISTANCE DO THEY GET?	HOW MUCH DO THEY GET PER MONTH?
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5. 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