

PREAPPLICATION FOR PROJECT-BASED UNITS IN RESIDENCES OF LAKE IN THE HILLS (PLEASE PRINT LEGIBLY)

Head of Household _____ Age _____ Race _____
 Address _____ Apt _____
 City _____ State _____ Zip Code _____
 Phone () _____ Social Security Number _____

LIST ALL PERSONS WHO WILL LIVE IN THE RENTAL UNIT:

Full Name (including Middle Initial)	Relationship	Sex	Age	Birthdate	Birthplace	Income per month
	HEAD					\$
						\$
						\$
						\$
						\$
						\$

MONTHLY INCOME (before taxes) FOR ALL HOUSEHOLD MEMBERS LIVING WITH YOU \$ _____

Is your family homeless? _____ Does your family contain a Veteran? _____ Does your family contain a disabled person? _____

Check all sources of income that you receive:

Wages TANF Social Security SSI Pension(s) Disability Compensation
 Unemployment Alimony Child Support Babysitting Caretaking

Please specify any other income you receive: _____

Employer's Name and address: _____

ASSETS

Check all that apply:

Checking Account Savings Account Stocks Bonds Real Estate Other: _____

Are you a person with disabilities transitioning from a licensed nursing facility?

No YES If Yes, list the name and contact information for the facility:

Name: _____

Address: _____

Phone Number: () _____ **Fax:** () _____

Contact Person at Facility: _____

Head of Household Signature: _____ **Date:** _____

Please complete the criminal background check located on the back of this form. All family members 17 years of age and older must complete a criminal background check form. Please ask for additional copies if needed.

