

PERSONAL DECLARATION: **OCCUPANCY APPLICATION** for BISCAYNE SENIOR HOUSING BR
 THIS FORM MUST BE COMPLETED IN YOUR OWN HANDWRITING YOU MUST USE THE CORRECT LEGAL NAME FOR EACH MEMBER OF YOUR HOUSEHOLD ALL ADULT MEMBERS OF THE HOUSEHOLD MUST SIGN BELLOW CERTIFYING THE INFORMATION PROVIDING FALSE INFORMATION WILL RESULT IN REJECTION OF THE APPLICATION PLEASE PRINT

APPLICANT NAME _____ DATE _____
 ADDRESS _____ PHONE _____
 RELATIVE: _____ PHONE _____
 FRIEND: _____ PHONE _____

1. HOUSEHOLD COMPOSITION: List all persons who will be living in your home listing head of household first.

ADULTS – 18 & OVER (LEGAL NAME)	SEX	DATE OF BIRTH	AGE	RELATIONSHIP	SS#	MARITAL STATUS
1.						
2.						

CHILDREN (Name as is it appears on SS card)	SEX	DATE OF BIRTH	AGE	RELATIONSHIP	PARENT'S NAME	SS#
1.						
2.						

2. DO YOU HAVE ANY MINOR CHILDREN NOT LIVING WITH YOU? Y _____ N _____ IF YES, EXPLAN: _____

3. IF SEPERATED OR DIVORCED, LIST NAME AND ADDRESS OF SPOUSE/EX-SPOUSE/CHILDREN'S FATHER (\$)

NAME & ADDRESS _____ PHONE _____
 NAME & ADDRESS _____ PHONE _____

4. DID ANYONE OF THE HOUSEHOLD COMPOSITION IS A FULL OR PARTIME STUDENT? _____ WHO _____

II. TOTAL HOUSEHOLD INCOME

LIST ALL MONEY EARNED OR RECEIVED BY EVERYONE LIVING IN YOUR HOUSEHOLD. THIS INCLUDES MONEY FROM WAGES, SELF-EMPLOYMENT, UNEMPLOYMENT BENEFITS, CHILD SUPPORT, CONTRIBUTIONS, SOCIAL SECURITY, DISABILITY PAYMENTS (SSI), WORKEMEN'S COMPENSATION, RETIREMENT BENEFITS, AFDC, VETERAN'S BENEFITS, RENTAL PROPERTY INCOME, STOCK DIVIDENDS, INTEREST ON LOANS OR BANK ACCOUNTS, ALIMONY AND ALL OTHER SOURCES, IF YOU HAVE NO INCOME IN THE CATEGORIES BELOW, ENTER NONE.

HOUSEHOLD MEMBER	WEKLY WAGE	AFDC	CHILD SUPPORT	SS/SSI	UNEMPLOYMENT BENEFITS	ALL OTHER INCOME	TOTAL ANNUAL
1.							
2.							

HOUSEHOLD MEMBER	EMPLOYER	EMPLOYER ADDRESS	EMPLOYER PHONE
1.			
2.			

III. ASSET DECLARATION: If you answer yes to any of following please explain.

YES

NO

1. Do you or any household member own any assets such as: cash held in savings or checking accounts or safety deposit boxes, real estate, a boat, a mobile home, trusts, stocks, bonds, mutual funds, certificates of deposit, money market funds, IRA or Keogh accounts, retirement or pension funds, life insurance, personal property held as an investment, lump sum receipts? If yes specify type of asset		
MARKET VALUE OF ASSETS?		
2. Has any household member sold real estate in the last two years? If yes, what the market value?		
3. Do you or any household member have a savings or checking account? Value?		
4. Do you own a car? Model/Year/Color	Tag#	

IV. PRESENT HOUSING (Circle One): Displaced Standard Substandard Overcrowded Unknown

1. No. of people living in unit _____ No. of bedrooms _____ Rent \$ _____ Utility \$ _____

2. Present landlord/complex name _____ Address _____ Phone _____

3. If living with relatives, do they own _____ or rent _____ \$ _____

4. How long have you lived at above? _____ reason for moving _____

5. Previous landlord:

Name: _____ Address: _____ Phone: _____

V. OTHER: (IF YOU ANSWER "YES" TO ANY QUESTIONS BELLOW, PLEASE EXPLAIN)

1. Does anyone outside of your household pay for any of your bills or give you money? _____

2. Have you or any adult member used any name (s) or Social Security number (s) other than the ones currently used? _____

3. Have you or any member of your family lived in assisted housing? _____ If yes, list where and when _____

4. Have you or any member of your family been evicted or been served with eviction papers? _____

5. Have you been evicted from HUD-assisted housing in the past 3 years? _____

6. Are you or any member of your household subject to a lifetime sex offender registration? _____

7. Are you or any member of your household currently using illegal drugs or abusing alcohol? _____

8. Have you ever been convicted of a felony? Note: _____

9. Are you in need of a "Mobility Accessible Unit"? _____

10. Are you in need of a Reasonable Accommodation for a disability? _____

11. Are you in need of interpretative services? _____

If yes, what type of interpretative services are you requesting? _____

12. List all states in which you have resided over the age of 18, _____

I do hereby swear and attest that all the information above is true and correct. I understand that in order to remain on the waiting list I must contact the complex every six months in writing or in person. I further understand that all changes in the INCOME of any member of the household as well as nay changes in household members must be reported to the MANAGER/RENTAL OFFICE immediately. I hereby authorize the Landlord to collect information on my credit history, police report, prior housing experience and other information that is deemed necessary to evaluate my suitability for this housing program and expect that such information will be treated confidentially.

Signature of Head of Household/Date

Interviewer/Date

Signature of Spouse/Other Adult/Date

Our facility complies with Federal Fair Housing regulations, accepting qualified residents without regard to race, color, religion, sex, disability, familial status, or national origin.

FOR OFFICE USE ONLY



APPLICANT STATUS: __ ELIGIBLE __ INELIGIBLE __ PENDING __ CR __ POL __ HV __ OTHER __ WAITING LIST __ NO CONTACT __ REJECTED __ ACCEPTED SIZE: _____ APT # _____ NOTES: _____
