



LOCATION(S) DESIRED  
\_\_\_\_\_Alpha \_\_\_\_\_Gamma  
\_\_\_\_\_Epsilon \_\_\_\_\_Drake

APARTMENT PREFERRED  
(Check all that apply, single persons not allowed in a 2 bedroom)  
\_\_\_\_\_Efficiency \_\_\_\_\_1Bedroom \_\_\_\_\_2 Bedroom

Are you interested in having Home Delivered Meals or living in an apartment building that has a Meal Program? (Please choose one)

Home Delivered Meals \_\_\_\_\_ Building w/ Meal Program \_\_\_\_\_

**IN CHOOSING THE GAMMA BUILDING, I AM AGREEING TO THE MONTHLY MEAL PLAN \_\_\_\_\_**

**RESIDENTIAL REFERENCES**

**DO YOU OWN THE ADDRESS WHERE YOU ARE CURRENTLY LIVING** YES  NO

**ARE YOU CURRENTLY LIVING IN A RENTAL UNIT?** YES  NO

**ARE YOU LIVING WITH FAMILY MEMBERS OR FRIENDS** YES  NO

If you are currently or have lived in a rental unit within the past 5 years, please provide the name and address of the landlord(s) and/or Management company(s)

**Landlord 's Name/Address**

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
PHONE ( ) \_\_\_\_\_

**Landlord 's Name/Address**

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
PHONE ( ) \_\_\_\_\_

**THE ABOVE SECTION MUST BE COMPLETED OR THE APPLICATION WILL NOT BE ACCEPTED**

Who would you like to designate as a contact person for your application? This will be the only person other than yourself with whom your application will be discussed.

Name \_\_\_\_\_ Telephone \_\_\_\_\_ Applicant Initial \_\_\_\_\_

Have you or your co-applicant ever been evicted from rental housing? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, please provide landlord name, address, dates and details. \_\_\_\_\_

Have you or your co-applicant ever been involved in criminal activity that posed a threat to the health, safety or welfare of others? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, please provide details. \_\_\_\_\_

How did you hear about our property? \_\_\_\_\_

Have you or the co-applicant filed for bankruptcy? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, When? \_\_\_\_\_

Explanation: \_\_\_\_\_

**ASSET INFORMATION**

INCLUDE ASSETS HELD FOR ALL HOUSEHOLD MEMBERS.

**DOES THE APPLICANT OR CO-APPLICANT HOLD:**

**Checking Account?** Yes  No   
Household Member                      Financial Institution                      Amount

\_\_\_\_\_  
\_\_\_\_\_

**Savings Account?** Yes  No   
Household Member                      Financial Institution                      Amount

\_\_\_\_\_  
\_\_\_\_\_

**CD's, Money Market Accounts, Treasury Bills, Cash or Other?** Yes  No   
Household Member                      Financial Institution                      Amount

\_\_\_\_\_  
\_\_\_\_\_

**Stocks, Bonds, or Securities?** Yes  No   
Household Member                      Financial Institution                      Amount

\_\_\_\_\_  
\_\_\_\_\_

**Trust Funds, IRA, 401K, Retirement Fund?** Yes  No   
Household Member                      Financial Institution                      Amount

\_\_\_\_\_  
\_\_\_\_\_

**Whole of Universal life insurance (not term insurance)** Yes  No   
Household Member                      Insurance Carrier                      Amount

\_\_\_\_\_  
\_\_\_\_\_

**Real Estate, rental property, land contracts/contract for deeds? (Including your residence, trailer, land, commercial property)** Yes  No

Household Member                      Address of Property                      Value

\_\_\_\_\_  
\_\_\_\_\_

**Personal Property held as an investment?** Yes  No   
**(Including stamp/coin collections, artwork, NOT your personal belongings)**

Household Member                      Item                      Value

\_\_\_\_\_  
\_\_\_\_\_

**Safe Deposit Box?** Yes  No   
Household Member                      Financial Institution                      Amount

\_\_\_\_\_  
\_\_\_\_\_

**Have you or any members of your household disposed of assets for less than fair market value during the past two years?**      \_\_\_\_\_ YES      \_\_\_\_\_ NO

Explanation \_\_\_\_\_

**INCOME INFORMATION FOR APPLICANT AND CO APPLICANT**

**For the next 12 months, do YOU or the CO APPLICANT expect to receive income from any of the following?**

**Employment wages or salaries (Include overtime, tips, and bonuses, commissions received in CASH) Yes  No**

<u>Household Member</u>	<u>Name of Company</u>	<u>Amount</u>	<u>Weekly/Monthly/Yearly</u>
_____	_____	_____	_____
_____	_____	_____	_____

**Self-Employment? (Include overtime, tips, and bonuses, commissions received in CASH) Yes  No**

<u>Household Member</u>	<u>Type of Business</u>	<u>Amount</u>	<u>Weekly/Monthly/Yearly</u>
_____	_____	_____	_____
_____	_____	_____	_____

**Regular pay as member of the Armed Forces/Military? Yes  No**

<u>Household Member</u>	<u>Base Name &amp; Branch</u>	<u>Amount</u>	<u>Weekly/Monthly/Yearly</u>
_____	_____	_____	_____
_____	_____	_____	_____

**Unemployment Benefits or Workman's Compensation? Yes  No**

<u>Household Member</u>	<u>Caseworker</u>	<u>Amount</u>	<u>Weekly/Monthly/Yearly</u>
_____	_____	_____	_____
_____	_____	_____	_____

**Public Assistance, General Relief, AFDC, TANF (Temporary Assistance for Needy Families) Yes  No**

<u>Household Member</u>	<u>Caseworker</u>	<u>Amount</u>	<u>Weekly/Monthly/Yearly</u>
_____	_____	_____	_____
_____	_____	_____	_____

**Child Support or Alimony? PLEASE PROVIDE A COPY OF COURT ORDER Yes  No**

<u>Household Member</u>	<u>Name of Payer</u>	<u>Amount</u>	<u>Weekly/Monthly/Yearly</u>
_____	_____	_____	_____
_____	_____	_____	_____

**Social Security, SSI or any other payment from Social Security Office? Yes  No**

<u>Household Member</u>	<u>SS or SSI</u>	<u>Amount</u>	<u>Weekly/Monthly/Yearly</u>
_____	_____	_____	_____
_____	_____	_____	_____

**Regular payments from Veteran's benefits? Yes  No**

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>	<u>Weekly/Monthly/Yearly</u>
_____	_____	_____	_____
_____	_____	_____	_____

**Regular payments from Pension, Retirement or Annuity accounts? Yes  No**

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>	<u>Weekly/Monthly/Yearly</u>
_____	_____	_____	_____
_____	_____	_____	_____

**Regular payments from a severance package? Yes  No**

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>	<u>Weekly/Monthly/Yearly</u>
_____	_____	_____	_____
_____	_____	_____	_____

**Regular payments from any type of settlement?** Yes  No

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>	<u>Weekly/Monthly/Yearly</u>
_____	_____	_____	_____
_____	_____	_____	_____

**Regular gifts or payments from anyone outside the home? (This includes any regular payments of living expenses such as utilities, credit card bills, rent or mortgage payments, medication, anything EXCEPT FOOD.)** Yes  No

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>	<u>Weekly/Monthly/Yearly</u>
_____	_____	_____	_____
_____	_____	_____	_____

**Regular payments from lottery winnings or inheritances?** Yes  No

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>	<u>Weekly/Monthly/Yearly</u>
_____	_____	_____	_____
_____	_____	_____	_____

**Regular Payments from Rental Property or other real estate transactions?** Yes  No

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>	<u>Weekly/Monthly/Yearly</u>
_____	_____	_____	_____
_____	_____	_____	_____

**Any other income sources or types not listed?** Yes  No

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>	<u>Weekly/Monthly/Yearly</u>
_____	_____	_____	_____
_____	_____	_____	_____

**Regular payments from a pension, retirement account or social program from a FOREIGN COUNTRY?** Yes  No

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>	<u>Weekly/Monthly/Yearly</u>
_____	_____	_____	_____
_____	_____	_____	_____

**Does anyone in your household expect a change to your income in the next 12 months?** Yes  No

If YES, Household Member \_\_\_\_\_

Explanation: \_\_\_\_\_

**Are you or the co-applicant requesting an income waiver?** Yes  No

If YES, Household Member \_\_\_\_\_

Explanation: \_\_\_\_\_

**Are you or the co-applicant a Permanent Legal Alien sponsored by a US Citizen?** Yes  No

If YES, Household Member \_\_\_\_\_

If YES, what is the name and address of the sponsor who signed the Affidavit of Sponsorship I-864?

Sponsor: \_\_\_\_\_

### EXPENSES

Estimate the total **YOU** pay for the following expenses per year. (if sponsored, How much is paid on your behalf?)

**Health Insurance** (do not include Medicare) Yes  No

<u>Household Member</u>	<u>Provider Name and Address</u>	<u>Yearly Amount</u>
_____	_____	_____
_____	_____	_____

**Prescriptions** Yes  No

<u>Household Member</u>	<u>Pharmacy Name and Address</u>	<u>Yearly Amount</u>
_____	_____	_____
_____	_____	_____

**Doctor Co-payments**

Household Member

Physician's Name and Address

Yes  No

Yearly Amount

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Dental Expenses**

Household Member

Dentist's Name and Address

Yes  No

Yearly Amount

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Eyeglasses and Optical Expenses**

Household Member

Physician's Name and Address

Yes  No

Yearly Amount

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Hearing Aids**

Household Member

Provider's Name and Address

Yes  No

Yearly Amount

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Other Medical Expenses**

Household Member

Provider's Name and Address

Yes  No

Yearly Amount

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Name and address of qualified health care professional who can verify your **mobility impairment and/or disability**, if applicable.

Name \_\_\_\_\_

Address, City, State, Zip \_\_\_\_\_

*The following information on race is required by H.U.D. for statistical purposes only.*

\_\_\_\_\_ Caucasian      \_\_\_\_\_ African American      \_\_\_\_\_ Asian      \_\_\_\_\_ Hispanic      \_\_\_\_\_ Other

The above information is complete, true and correct to the best of my (our) knowledge.

\_\_\_\_\_  
Applicant Signature and Date

\_\_\_\_\_  
Co-Applicant Signature and Date

**THE BAPTIST MANOR REQUIRES A COPY OF PHOTO IDENTIFICATION AND SOCIAL SECURITY CARD WHICH MUST BE MADE IN THE BAPTIST MANOR OFFICE.**

**The Baptist Manor is assisted by the Department of Housing and Urban Development (HUD). An Applicant and/or resident must be either an eligible citizen or a non-citizen with eligible immigration status to receive rental assistance. To determine this, The Baptist Manor requests that every applicant completes the Tenant Declaration Form and Family Summary Sheet.**

**The Department of Homeland Security has instituted a new computer procedure which requires our office to have a copy of one of the following documents to input information onto the SAVE software program. If the applicant is a naturalized U.S. citizen, we request a copy of their Certificate of Naturalization. If you are a Permanent Resident Alien, we ask that you submit a copy of one of the following documents:**

- I-551 Permanent Resident Card**
- I-94 Arrival/Departure Record**
- I-688 Temporary Resident**
- I-688B Employment Authorization Document**
- I-151 Alien Registration Receipt Card**

**When submitting your application, please ask the employee assisting you to make a copy of the preceding documents. The copy must be made in our office by a Baptist Manor Employee, dated and initialed by the employee. If you are unable to supply this information when filing your application, an additional interview will be requested. This information is then verified with the DHS. If the applicant is eligible to receive the housing benefit, the SAVE program will confirm that benefit. Please note that all personal information on the application and Immigration Verification must be identical. Applications with names that differ from the DHS information will not be accepted.**