

MISCELLANEOUS INFORMATION

Are you or a member of your household listed on a sex offender registry? Yes No

Do you have any rental assistance (i.e. tenant/housing voucher, etc.)? Yes No

If yes, name subsidy provider.

Do you have a legal guardian? Yes No

If yes, the legal guardian must sign this pre-application and provide their name, contact information, and court order.

EMERGENCY CONTACT

<i>Name</i>	<i>Phone Number</i>
<i>Address</i>	<i>Relationship</i>

CASEWORKER (if applicable)

<i>Name and Company/Organization</i>	<i>Phone Number</i>
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HOW DID YOU HEAR ABOUT THE COMMUNITY?

VOLUNTARY INFORMATION

RACE/ETHNICITY FOR HEAD OF HOUSEHOLD (Choose all that apply):

- Caucasian African American American Indian Asian Hispanic Pacific Islander Multi Other

GENDER:

- Male Female Non-Binary or Third Gender Prefer to self-describe _____

SIGNATURE

I CERTIFY THAT I AM NOT RENTING A ROOM OR APARTMENT UNDER ANY OTHER NAME AND HAVE NOT USED ANY OTHER SOCIAL SECURITY NUMBER OTHER THAN THAT WHICH HAS BEEN LISTED. I CERTIFY THAT THE APARTMENT/HOME WILL BE MY/OUR ONLY RESIDENCE IF ACCEPTED. I UNDERSTAND THAT THE ABOVE INFORMATION IS BEING COLLECTED TO DETERMINE MY ELIGIBILITY. I AUTHORIZE THE OWNER/ MANAGEMENT TO VERIFY ALL INFORMATION PROVIDED ON THIS APPLICATION AND TO CONTACT PREVIOUS OR CURRENT LANDLORDS OR OTHER SOURCES FOR CREDIT, AND/OR CRIMINAL HISTORY VERIFICATION INFORMATION WHICH MAY BE RELEASED TO APPROPRIATE FEDERAL, STATE, OR LOCAL AGENCIES. I CERTIFY THAT THE STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY/OUR KNOWLEDGE AND BELIEF. I UNDERSTAND THAT ANY OMISSION, MISREPRESENTATION OR FALSE INFORMATION WILL BE CAUSE FOR REJECTION AND ARE ALSO PUNISHABLE UNDER FEDERAL LAW. I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO CONTACT EACH HOUSING COMMUNITY TO WHICH I AM APPLYING TO MAKE ANY NECESSARY CHANGES OR UPDATES TO MY APPLICATION.

APPLICANT SIGNATURE _____

DATE _____

STAFF USE ONLY: If the following information is required by the housing community you are applying for, a staff member will indicate to you if it needs to be filled out. Race/ethnicity and gender information is voluntary.

Full Legal Name	US Citizen	Race/Ethnicity	Gender	Social Security #	Veteran (circle one)
					Yes/No
					Yes/No
					Yes/No
					Yes/No



This institution is an equal opportunity provider.
 For general questions, contact the Dwelling Place Main Office.
 Telephone: 616-454-0928, 888-454-0928, TDD: 7-1-1
www.dwellingplacegr.org

STAFF USE ONLY

INITIALS

DATE

TIME