

# PRELIMINARY APPLICATION FOR HOUSING

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Apartment size applying for: \_\_\_\_\_

1. List each person in your household starting with yourself. Information will be added to the property's waiting list. **Incomplete applications will not be processed.**

LAST NAME	FIRST NAME	BIRTH DATE	SEX	RELATIONSHIP TO YOU	ANNUAL INCOME	SOCIAL SECURITY NO.	STUDENT STATUS F or P/T
				Head			

2. Does anyone live with you now who is not listed above?       Yes    No
3. Do you expect any change in your household composition?       Yes    No
4. If you answered yes to either # 2 or # 3, please explain: \_\_\_\_\_
5. What type of income do you have:    Employment,    Social Security or SSI,    Welfare,  
 Unemployment,    Child Support,    Other
6. Current Address StreetAddress \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Apt. No \_\_\_\_\_  
Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_
7. Are you a US Citizen?       Yes    No
8. Please identify any special housing needs that may be required by you or any of the members in your household \_\_\_\_\_
9. Are you currently residing in subsidized housing or do you have a Section 8 voucher?  
 Yes       No



**CERTIFICATION**

We hereby certify that I/We do/will not maintain a separate subsidized rental unit in another location. I/We further certify that this will be my/our permanent residence. I/We understand I/We must pay a security deposit for the apartment prior to occupancy. I/We understand that our eligibility for housing will be based on applicable income limits and by management’s selection criteria. I/We certify that all information in this application is true to the best of my/our knowledge and I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. I/We further consent to have the Owner/Management Agent verify all of the information contained in this Rental Application as well as my/our credit, landlord, criminal background and personal references.

**Any changes in family household income or student status changes are required to be reported to the management office within 10 days of the change.**

**All adult applicants, 18 or older, are required to sign application.**

SIGNATURE (S):

_____ (Signature of Tenant)	_____ Date
_____ (Signature of Co-Tenant)	_____ Date
_____ (Signature of Co-Tenant)	_____ Date
_____ (Signature of Co-Tenant)	_____ Date



Apartment Management LLC

### AUTHORIZATION

I/We do hereby authorize C&C Affordable Management, LLC and its staff of authorized representative to contact any agencies, local police departments, offices, groups or organizations to obtain and verify any information or material which are deemed necessary to determine my/our eligibility for housing in programs administered/managed by C&C Affordable Management, LLC.

**Head of Household (Print Name)** \_\_\_\_\_

\_\_\_\_\_  
Applicant' Signature                      Social Security                      DOB                      Date

**Adult Household Member (Print Name)** \_\_\_\_\_

\_\_\_\_\_  
Co- Applicant 'Signature                      Social Security                      DOB                      Date

**Current Address:** \_\_\_\_\_  
\_\_\_\_\_

**Other member(s) of the household over the age of 18:**

\_\_\_\_\_  
Print Name                      Date of Birth                      Social Security #

\_\_\_\_\_  
Signature                      Relationship to Applicant                      Date

\_\_\_\_\_  
Print Name                      Date of Birth                      Social Security #

\_\_\_\_\_  
Signature                      Relationship to Applicant                      Date

\_\_\_\_\_  
Print Name                      Date of Birth                      Social Security #

\_\_\_\_\_  
Signature                      Relationship to Applicant                      Date

