

New Riverbend Homes

HOUSING APPLICATION

Number of Bedrooms Wanted (CHECK ONE): Three Four Desired Occupancy Date _____

PERSONAL INFORMATION

APPLICANT'S NAME: _____ **Maiden Name:** _____

Date of Birth _____ Social Security No. _____ Sex: Male Female

Number of Dependents _____ Ages of Dependents _____

Marital Status: Married Separated Unmarried (incl. Single, Divorced, Widowed)

Are you a U.S. Citizen? Yes No If no, are you a resident alien? Yes No

CO-APPLICANT'S NAME _____ **Maiden Name:** _____

Date of Birth _____ Social Security No. _____ Sex: Male Female

Number of Dependents _____ Ages of Dependents _____

Marital Status: Married Separated Unmarried (incl. Single, Divorced, Widowed)

Is Co-Applicant a U.S. Citizen? Yes No If no, are you a resident alien? Yes No

RESIDENCE HISTORY

PRESENT ADDRESS: _____

(city) (State) (Zip Code)

Present Phone No: (Day) _____ (Evening) _____

Length of Time at Present Address: _____ Years _____ Months

Present Landlord's Name: _____

Present Landlord's Address: _____

Amt. Of Monthly Rent \$ _____ Average Monthly Utilities (Gas & Electricity) Costs \$ _____

Why Do you want to move from your current address? _____

PREVIOUS ADDRESS _____

Length of Time at Previous Address _____ Years _____ Months

Previous Landlord's Name _____ Phone No. _____

Previous Landlord's Address _____

Amt. Of Monthly Rent \$ _____ Average Monthly Utilities (Gas & Electricity) Costs \$ _____

Reason for Moving _____

LIST ALL PERSONS WHO WILL LIVE WITH YOU	GROSS MONTHLY INCOME	RELATIONSHIP TO APPLICANT	DATE OF BIRTH

Is the Applicant a full-time student? _____ Is the Co-Applicant a full-time student? _____

Do You Own Pets? Yes No If yes, what type _____

Do you desire a housing unit adapted for a wheelchair? Yes No

INCOME AND EMPLOYMENT INFORMATION

Applicant's Employer _____ **Length of Employment** _____ **Years** _____ **Months**
Employer's Address _____ **Employer's Phone No.** _____
What is your Supervisor's Name? _____
What is your Job Classification or Position Held? _____ **Gross Monthly Income \$** _____
Applicant's Previous Employer _____ **Length of Employment** _____ **Years** _____ **Months**
Employer's Address _____ **Employer's Phone No.** _____
Co-Applicant's Employer _____ **Length of Employment** _____ **Years** _____ **Months**
Employer's Address _____ **Employer's Phone No.** _____
What is your Supervisor's Name? _____
What is your Job Classification or Position Held? _____ **Gross Monthly Income \$** _____
Co-Applicant's Previous Employer _____ **Length of Employment** _____ **Years** _____ **Months**
Employer's Address _____ **Employer's Phone No.** _____

OTHER MONTHLY INCOME

SOURCE	AMOUNT RECEIVED BY APPLICANT	AMOUNT RECEIVED BY CO-APPLICANT	AMOUNT RECEIVED BY OTHER FAMILY MEMBER(S)
GROSS SALARY/WAGES			
GROSS SALARY/WAGES			
SELF EMPLOYMENT INCOME			
RETIREMENT			
PENSION			
ANNUITIES			
RENTAL INCOME			
INTEREST INCOME			
STOCK DIVIDENDS			
SOCIAL SECURITY			
UNEMPLOYMENT COMP.			
WELFARE (ADC)			
WELFARE (GA)			
CHILD SUPPORT			
ALIMONY			
OTHER			

COMBINED TOTAL MONTHLY INCOME FOR ALL HOUSEHOLD MEMBERS \$ _____
COMBINED TOTAL ANNUAL FAMILY INCOME \$ _____

