



Investing In Our Community

ACCESS, Inc. Property Management
 PO Box 1568
 Medford, OR 97501-0118
 Voice: 541-779-6691
 Fax: 541-779-8886

**APPLICATION FOR ADMISSION AND RENTAL ASSISTANCE
 CATALPA SHADE APARTMENTS**

Applicant Name:	Application Date:
Current Address	Mailing Address
City, State, Zip	City, State, Zip
Home Phone	Work Phone

HOUSEHOLD COMPOSITION AND CHARACTERISTICS

1. List the Head of Household and all other members who will be living in the unit. Give the relationship of each family member of the head.

Members Full Name	Relationship	Birth Date	Age	Sex	SS#
	Head of Household				

2. Race of Head of Household (check one for statistical purposes only).
 White Black American Indian/Alaskan Native Asian/Pacific Islander

3. Ethnicity of Head of Household (for statistical purposes only).
 Hispanic Non-Hispanic

4. Does anyone live with you now that is not listed above?
 Yes No

5. Do you expect a change in your household composition?
 Yes No

Explain if you answered yes to either question #4 or #5:

6. Is the head of household or spouse disabled?

Yes No

7. Please identify any special housing needs your household has:

8. Are you now living in a subsidized housing unit?

Yes No

If yes; Name of Complex: _____ Name of Manager: _____

Managers' Telephone Number: _____

INCOME AND ASSET INFORMATION

Please answer each of the following questions. For each 'yes,' provide details in the charts below. Does any member of your household:

<u>Yes</u>	<u>No</u>	
<input type="checkbox"/>	<input type="checkbox"/>	1. Work full-time, part-time or seasonally?
<input type="checkbox"/>	<input type="checkbox"/>	2. Expect to work for any period of time during the next year?
<input type="checkbox"/>	<input type="checkbox"/>	3. Work for someone who pays them cash?
<input type="checkbox"/>	<input type="checkbox"/>	4. Expect a leave of absence from work due to lay-off, medical, maternity or military leave?
<input type="checkbox"/>	<input type="checkbox"/>	5. Now receive or expect to receive unemployment benefits?
<input type="checkbox"/>	<input type="checkbox"/>	6. Now receive or expect receive child support?
<input type="checkbox"/>	<input type="checkbox"/>	7. Entitled to child support that he/she is not now receiving?
<input type="checkbox"/>	<input type="checkbox"/>	8. Now receive or expect to receive alimony?
<input type="checkbox"/>	<input type="checkbox"/>	9. Have entitlement to alimony that is not currently being received?
<input type="checkbox"/>	<input type="checkbox"/>	10. Now receive or expect to receive public assistance (TANF)?
<input type="checkbox"/>	<input type="checkbox"/>	11. Now receive or expect to receive Social Security or disability benefits?
<input type="checkbox"/>	<input type="checkbox"/>	12. Now receive or expect to receive income from a pension or annuity?
<input type="checkbox"/>	<input type="checkbox"/>	13. Now receive or expect to receive regular contributions from organizations or from individuals not living in the unit?
<input type="checkbox"/>	<input type="checkbox"/>	14. Receive income from assets including interest on checking or savings accounts, interest and dividends from certificates of deposit, stocks or bonds or income from rental property?
<input type="checkbox"/>	<input type="checkbox"/>	15. Own real estate or any assets for which you receive no income (checking account, cash)?
<input type="checkbox"/>	<input type="checkbox"/>	16. Have you sold or given away real property or other assets (including cash) in the past two years?

Members Full Name	Source of Income/Type of Income	Annual Income

ASSETS

1. List all checking and savings accounts (including IRAs, Keogh accounts, and Certificates of Deposit) of all household members.

Members Full Name	Bank Name	Type of Account	Account Number	Balance

2. List all stocks, bonds, trusts, pensions or other assets and their value owned by any household member:

3. List any assets disposed of for less than their fair market value during the past two years:

EXPENSES

1. Do you have expenses for care of a child aged 12 or younger?

Yes No

If yes, please provide the name, address and telephone number of the care provider along with the weekly cost to you.

Name	Address	Phone	Weekly Cost

2. Do you pay a care attendant or for any equipment for any disabled household member(s) necessary to permit that person or someone else in the household to work?

Yes No

If you do pay a care attendant, please provide their name, address, and telephone number of the care provider along with the cost of the care attendant and/or equipment.

Name	Address	Phone	Cost

Elderly Families Only

3. Do you have Medicare?

Yes No

If yes, what is your monthly premium? _____

4. Do you have any other kind of medical insurance?

Yes No

If yes, provide the following carrier information:

Name	Address	Policy #	Premium
------	---------	----------	---------

5. Do you have outstanding medical bills?

Yes No

If yes, list them here:

What medical expenses do you expect to incur in the next twelve months?

If you use the same pharmacy regularly, please provide the name and address:

PREVIOUS RENTAL HISTORY

Present Landlord Information:

Name	Address
City, State, Zip	Phone
How long have you lived there?	Reason for leaving?

Previous Landlord Information:

Name	Address
City, State, Zip	Phone
How long have you lived there?	Reason for leaving?

EMPLOYMENT HISTORY

Head of Household Present Employer:

Name	Address
City, State, Zip	Phone
How long have you worked there?	Reason for leaving?

Spouse/Co-Head Present Employer:

Name	Address
City, State, Zip	Phone
How long have you worked there?	Reason for leaving?

MARKETING INFORMATION

How did you hear about Catalpa Shade Apartments?

Radio Advertisement
 Social Service Agency: _____
 Other: _____

APPLICANT CERTIFICATION

I/we certify that if selected to receive assistance, the unit I/we occupy will be my/our only residence. I/we understand that the above information is being collected to determine my/our eligibility. I/we authorize the owner/manager/PHA to verify all information provided on this application and to contact previous or current landlords or other sources of credit and verification information which may be released to appropriate Federal, State, or local agencies. I/we certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/we understand that false statements or information are punishable under Federal law.

Signature of Head of Household	Date
Signature of Spouse/Co-Head of Household	Date
Owner/Manager/PHA Representative	Date

