House Hold Information

Head of Household

Name:_____ Phone:_____

Date of Birth:_____ Email:_____

Social Security#:_____

Other Household Members

Do you expect any changes in your family size? ☐ Yes ☐ No

Name	DOB	SSN	Phone

Do you have a Pet? ☐ YES (If you have an assistance animal, check no) ☐ NO
If yes, please provide documentation of Renters Insurance, license and required shots.

Emergency Contact for Pet

Name:_____Phone:_____

Address:_____

Do you have a vehicle? ☐ YES (please complete the chart below) ☐ NO

Year	Make	Model	Plate# & State	Color

Emergency Contact

Name: _____Phone No:_____

Relation:_____Email:_____

Address:_____

Permission for Emergency Contact (Check all that would apply)

☐ Management can discuss and release any information to the above person/organization.
☐ Call if Management is unable to contact you.
☐ Management can allow person/organization access to your apartment if requested.
☐ Person/Organization has ability to allow Management into the unit if requested. (Wellness Check)

Income

Please provide documentation to support any checked income source and complete the table below. For example if you have social security, please provide management the award letter for that current year. If someone over 18 in your household has not income, please complete the verification of no income form. Check what applies to your household and complete the chart below.

☐ I have No income sources

☐ Social Security
☐ SSI/SSD
☐ State Disability
☐ Retirement/Pension
☐ Veterans Benefit
☐ Unemployment Benefits
☐ Alimony /Child Support
☐ Annuity/IRA Payments
☐ Employment
☐ Stock Market Returns
☐ Monthly Monetary Gift(s)
☐ Lottery Winnings
☐ Rental Income

Name	Income Source	Annual Amount	Frequency-Per
			Week Month Year
			Week Month Year
			Week Month Year
			Week Month Year
			Week Month Year
			Week Month Year

Any household members receive, or attempting to receive child support or alimony? ☐ YES ☐ NO
If yes, please explain: _____

Any household members receive income from any source not listed above? ☐ YES ☐ NO
If yes, please explain: _____

A**ny household members over 18 a student?** ☐ YES ☐ NO
If yes, name of Educational Institution:_____
Address: _____
Phone:_____
Fax & Email:_____

Assets

An Asset is defined as items of value that may be turned into cash. You will need to provide third party documentation of any assets you hold. For example, if you have a checking account you must provide 6 months of bank statements **or** contact the office and request an account verification form for your financial institution to complete.

☐ Checking Account (Need Statements)
☐ Savings Account (Current month
☐ IRA,
☐Annuities
☐Money Markets
☐ Whole Life Insurance
☐ Stocks, Bonds & Treasures Funds
☐ Trust Funds
☐ Certificates of deposit
☐ 401K

Name	Asset Type	Cash Value

Declaration of NO assets
I hereby declare that I do not have any assets in any form which I have access, ownership or entitlement to. Signature: _____

Any household member disposed of any assets in the past 2 years? ☐ YES ☐ NO
If yes, please explain:_____
(You still need to provide documentation)

Any household members have whole or term life insurance? ☐ YES ☐ NO
If yes, please list cash value:_____
(You still need to provide documentation)

Do you jointly own any assets? ☐ YES ☐ NO

If Yes: Type of Asset _____Cash Value:_____

Percentage owned:_____

Medical

Please complete the checklist and attach a receipts for all medical expense submitted.

☐ I have no medical Expenses
☐ Medical Insurance Premiums
☐ Prescription Drug Coverage Premiums
☐ Optical or Dental expenses
☐Co-pay for Physician Visits
☐ Hospital, Lab & Therapy
☐ Medical Spenddowns
☐ Prescription Out Of Pocket
☐ Audiology Expenses
☐ Medical Mileage
☐ Over the Counter Items
(Requires Physician's prescription)

Medical Provider with Address	Round Trip Mileage	Visits Per Year

Do you require a reasonable accommodation? ☐ YES ☐ NO
If yes, please explain accommodation (example: grab bar in bathroom)

_____

_____

A reasonable accommodation is a change, exception, or adjustment to a program, service, building, dwelling unit or workplace that will allow a qualified person with a disability.

Do you have an Assistance Animal? ☐ YES ☐ NO

Is the assistance animal trained in any actions other that emotional support? ☐ YES ☐ NO

If yes, please provide at least one action: _____

Emergency Contact for Assistance Animal

Name:_____

Address:_____

Phone:_____

I hereby certify that all the information on this application is accurate and complete to the best of my knowledge and belief and that the income for all household members has been reported. I understand that false statements and information are punishable under Federal and State law and can result in being fined up to $10,000, imprisoned up to five years and loss of eligibility for housing assistance.

_____ _____

SIGNATURE OF TENANT DATE

_____ _____

SIGNATURE OF TENANT DATE

_____ _____

SIGNATURE OF TENANT DATE

_____ _____

SIGNATURE OF TENANT DATE

RELEASE OF INFORMATION AUTHORIZATION

I do hereby authorize Lewiston Limited Partnership (Lewiston Country Estates) or authorized representative to contact any agencies, offices, groups or organizations to obtain and verify any information or materials which are deemed necessary to complete my application for housing. This could include police/background checks and credit checks.

SIGNATURE OF APPLICANT DATE _____

SIGNATURE OF APPLICANT DATE _____

This institution is an equal opportunity provider and employer. If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866)632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at the U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202)690-7742 or email at program.intake@usda.gov.