



## Preliminary Application for Affordable Housing

One (1) application required for each adult (18 and above)

You will be denied rental if you misrepresent any information on this application. If misrepresentations are found after a rental agreement is signed, your rental agreement will be terminated.

**Personal information** (Incomplete applications will be rejected. Please print clearly or type.)

Name of Applicant \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Current Street Address \_\_\_\_\_ SSN \_\_\_\_\_ -  
\_\_\_\_\_  
Phone \_\_\_\_\_ Alt. Phone \_\_\_\_\_  
Driver's License Number \_\_\_\_\_  
Email Address \_\_\_\_\_

Does Applicant currently receive any form of rental payment assistance? If yes, please list type and amount of benefit received.

Rental Assistance		Type of Assistance/ Source of Assistance	Total Assistance Monthly
Y	N		\$

## Household Composition

Name	Relationship to Head of Household	Date of Birth	<u>Gross</u> Income (Monthly Income)	Source of Income
1.				
2.				
3.				
4.				
5.				
Total Household Income	Monthly Total \$			

**Please be sure to list GROSS INCOME (before any deductions) not net income.**

## Residence History (Incomplete applications will be rejected. Please print clearly or type.)

### Current Address

\_\_\_\_\_  
\_\_\_\_\_

### Reason for Moving

\_\_\_\_\_

### Current Landlord

\_\_\_\_\_/Phone\_\_\_\_\_

### How Long?

\_\_\_\_\_/Monthly Rent\_\_\_\_\_

(Please list number of months/years)

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### Previous Address

\_\_\_\_\_  
\_\_\_\_\_

### Reason for Moving

\_\_\_\_\_

### Previous Landlord

\_\_\_\_\_/Phone\_\_\_\_\_

### How Long?

\_\_\_\_\_/Monthly Rent\_\_\_\_\_

(Please list number of months/years)

**Employment Information** (Incomplete applications will be rejected. Please print clearly or type.)

**Employer Name/Employer Address**

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**Starting Date** \_\_\_\_\_ **Position Held** \_\_\_\_\_

**Monthly Income** \_\_\_\_\_ **Supervisor Name/Phone** \_\_\_\_\_

**Previous Employer Name/Employer Address**

(Required if current employment has been 1 year or less)

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**Starting Date** \_\_\_\_\_ **Position Held** \_\_\_\_\_

**Monthly Income** \_\_\_\_\_ **Supervisor Name/Phone** \_\_\_\_\_

**Requirements/Preferences** (Incomplete applications will be rejected. Please print clearly or type.)

Number of Bedrooms? **One (1)** \_\_\_\_ **Two (2)** \_\_\_\_ **Three (3)** \_\_\_\_ **Four (4) or more** \_\_\_\_

Require a handicap accessible home? **Yes** \_\_\_\_ **No** \_\_\_\_

Require Public Transportation Access? **Yes** \_\_\_\_ **No** \_\_\_\_

**Target monthly rental amount?** \_\_\_\_\_

Other Requests or Requirements? Please explain.

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### Acknowledgements

If **APPROVED** for CLI programs, applicant agrees to mandatory community service or educational requirements of five (5) hours per month in order to receive financial assistance.

Please initial \_\_\_\_\_

If no financial assistance OR discounts are being received, applicants may lease or buy full price units through CLI or its partners without agreeing to mandatory educational or community service requirements.

Please initial \_\_\_\_\_

I certify that the information provided herein is true and complete to the best of my knowledge and that any misrepresentation of income or household size herein shall cause for program disqualification. I also understand that this information is to be used in determining my eligibility to receive affordable housing or other services provided by CLI, and does not obligate me in any way. If any information provided in this preliminary application changes, I agree to notify Concept Living Inc. (CLI) immediately.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

#### FOR OFFICE USE ONLY

Date Reviewed	CLI Representative Signature	Income Level	Approved	Notes / Actions
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