

**Broadview Senior Apartments**

Pre- Application Card

Date \_\_\_\_\_

---

Interested person for (Check all that apply)      1 BR \_\_\_\_\_      2BR \_\_\_\_\_

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

Address \_\_\_\_\_

Phone (Home) \_\_\_\_\_ Phone (Work) \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Would you be interested in a handicapped accessible unit?      Yes       No

Date of Birth \_\_\_\_\_ Veteran      Yes \_\_\_      No \_\_\_

Driver License No. \_\_\_\_\_

Do you live/work in the Community? Yes       No       If yes, how long \_\_\_\_\_ mo./yrs

Annual Household Income: \$ \_\_\_\_\_ Date Apartment Needed \_\_\_\_\_

Remarks \_\_\_\_\_

Household Data: Please list all person who will occupy the unit:

<u>Name</u>	<u>Date of Birth</u>	<u>Relationship</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Optional and for Federally Subsidized Programs:**

**Ethnicity:** Hispanic or Latino       Non-Hispanic or Non-Latino

RACE (circle one)

- Caucasian      African American      Asian      American Indian or Alaskan  
Native      Native Hawaiian or Other Pacific Islander

Date Received \_\_\_\_\_

Time Received \_\_\_\_\_