



Danae's

INDEPENDENT LIVING

A safe and supportive path toward independence

HOUSING APPLICATION

Housing Application

Please print clearly and complete all applicable sections.

Applicant Information

Full Legal Name

Date of Birth

Phone Number Email Address

Current Address

City State ZIP Code

Time at Current Address

Are you currently homeless? ☐ Yes ☐ No

Emergency Contact

Full Name

Relationship

Phone Number

Income Information

Check all income sources that apply:

☐ SSI ☐ SSDI ☐ Military Pay ☐ VA Benefits

☐ Retirement / Pension ☐ Social Security Retirement

☐ Other Government Assistance

☐ Other: _____

Total Monthly Income: \$