

APPLICATION FOR FEDERALLY ASSISTED HOUSING AT THE PARK DANFORTH

COMPLETE ALL INFORMATION

Accommodations Desired (circle one): 0BR/Efficiency 1BR Either

You must be 62 years of age or older to become a resident of The Park Danforth. If you are under the age of 62 and physically challenged, please call us for more information.

Head of Household

Last Name	First Name	Middle Initial	Date of Birth	Gender
Street Address		City	State	Zip
<input type="checkbox"/> please check box if mailing address different than physical address*				
Social Security Number	Previous/Maiden Name		Marital status: <input type="checkbox"/> Widowed <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated	
Home Phone:	Cell Phone:	Email Address (optional):		

Spouse/Co-Head of Household (if applicable)

Last Name	First Name	Middle Initial	Date of Birth	Gender
Street		City	State	Zip
Social Security Number	Previous/Maiden Name		Marital status: <input type="checkbox"/> Widowed <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated	
Home Phone:	Cell Phone:	Email Address (optional):		

Household and Background Information - Current Housing

Current Residence: <input type="checkbox"/> House <input type="checkbox"/> Apartment <input type="checkbox"/> Other _____				
Do you currently receive subsidized housing?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you currently have a voucher?			Agency:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any pets other than a service animal: Type: <i>per The Park Danforth pet policy only one(1) animal per resident</i>				<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a veteran?				<input type="checkbox"/> Yes <input type="checkbox"/> No
How did you hear about The Park Danforth?		Source:		
*If mailing address different than physical address, please provide here:		Street Address	City/Town	State Zip

Criminal History

Are you or any members of your household subject to a State lifetime sex offender registrations in any state?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or any member of your household been convicted of any crimes? If yes, please explain:				<input type="checkbox"/> Yes <input type="checkbox"/> No

Have you or any member of your household lived in any other state? Please list state(s):	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

Household Income

Over the next 12 months, do you or does anyone in your household expect to receive income from (check all that apply):

<input type="checkbox"/> Social Security (SS/SSI/SSDI etc.)	<input type="checkbox"/> State Supplemental Income	<input type="checkbox"/> Veteran's Benefits
<input type="checkbox"/> Pension/Annuities	<input type="checkbox"/> Regular payments from Settlement	<input type="checkbox"/> Income from Trust
<input type="checkbox"/> Other Retirement accounts	<input type="checkbox"/> Student Financial Aid	<input type="checkbox"/> Contribution from anyone outside of the household
<input type="checkbox"/> Income from lottery winnings or inheritance	<input type="checkbox"/> Income from rental property or real estate	<input type="checkbox"/> Any other income not listed

For all income sources selected above, please indicate the amount received and the frequency of payment in the table below.

Household Member Name	Source	Annual/Monthly/Weekly

Asset Information for all household members (check all that apply):

<input type="checkbox"/> Cash	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
<input type="checkbox"/> Certificate of Deposit	<input type="checkbox"/> Money Market	<input type="checkbox"/> IRA
<input type="checkbox"/> 401k	<input type="checkbox"/> Mutual Funds	<input type="checkbox"/> Stocks
<input type="checkbox"/> Bonds	<input type="checkbox"/> Life Insurance	<input type="checkbox"/> Real Estate
<input type="checkbox"/> Trusts	<input type="checkbox"/> Any other Assets	

For all asset sources selected above, please indicate the current balance in each account in the table below.

Household Member Name	Name of Bank	Type of Account	Current Balance

Application Affidavit

To the best of my knowledge, all information on this application is complete and accurate. I understand that this information will be kept confidential and will be used only for the purpose of determining eligibility for residence, suitability of unit assignment and to aid The Park Danforth in assisting me in financial planning.

All Household members must sign & date

Head of Household Signature & Date

Spouse or Co-head Signature & Date