

Chloe Place Apartments Initial Application

Head of Household Name _____

Address or Contact Information _____

Telephone Number(s) where you may be reached _____

Would you benefit from an apartment that has accessibility features for people with impaired mobility, sight, hearing or other issue? () Yes () No

Are there any specific accessibility modifications to your unit that you would require? () Yes () No () n/a
If yes, please explain: _____

- Do you feel you qualify for a housing preference? () Yes () No
- I am a person with a qualifying disability. () Yes () No
- I am an elderly person. () Yes () No
- I do not currently have a place to live. () Yes () No
- I have been displaced from my previous housing. () Yes () No

Household Income: \$ _____ please circle: per month / per year Source of Income: _____

- Do you or any household member own:
- a checking or savings account? () Yes () No
- a retirement account? () Yes () No
- cd's, stocks, bonds or mutual funds? () Yes () No
- real estate? () Yes () No
- other? () Yes () No

Date apartment is needed? _____ Apartment Size Needed? (1 BR) (2 BR) (3 BR)

Please list the names, social security numbers and birthdate of anyone that will reside in the unit:

Household Name(s)	Birth Date	SSN
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

How did you hear about Chloe Place Apartments? _____

Do you currently receive housing assistance through another agency? () Yes () No

Is any member of your household subject to a lifetime sex offender registration requirement in any state in the United States of America? (YES) (NO)

The following is **Optional** and for subsidized programs only:

Race: Caucasian African American Hispanic Other _____

I understand and agree: a) that the above information is required to determine eligibility to rent an apartment at Chloe Place Apartments; b) that the information I wrote on the application is true to the best of my knowledge; c) that providing false information on my application is grounds for denial of the application; d) that occupancy at Chloe Place Apartments depends upon meeting the tenant selection criteria as well as program eligibility guidelines; and e) **I authorize Chloe Place Apartments or its agent to use the above listed information including the names and social security numbers of household members aged 18 years old or older to obtain a copy of their credit report as well as perform a criminal background screening.**

Signature _____ Date _____

Signature _____ Date _____

Date Received: _____ Time Received: _____ Received By: _____