Chloe Place Apartments
Initial Application

Application Date: _____ Time: _____ AM / PM

Head of Household: _____ _____ _____
First Name Middle Name Last Name

Street Address: _____ City _____State _____ Zip code _____

Phone Number: _____ Alternate Phone Number: _____

Email Address: _____ @ _____

Date of Birth: _____ Social Security Number: _____

Driver's or Non-Driver's License No: _____ Issue State: _____

Gender: _____ Female _____ Male _____ Non-Binary _____ Other _____ Prefer not to specify

The following is optional and for subsidized programs only:

Race: _____ Asian _____ American Indian _____ Black or African American _____ White
_____ Native Hawaiian or Pacific Islander _____ Other _____ Hispanic _____ Not Hispanic
_____ Refused to specify

Citizenship: _____ United States _____ Mexico _____Canada

Marital Status: _____ Single _____ Married _____ Divorced _____ Separated _____Widowed

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

Do you feel that you qualify for a housing preference: _____ Yes _____ No
I am a person with a 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

How did you hear about Chloe Place Apartments? _____

Are you currently a Full-time student? _____ Yes _____ No

Do you currently receive housing assistance through another agency? _____ Yes _____ No
If yes, please specify: _____

Apartment Size Needed: _____ 1bdrm _____ 2bdrm _____ 3bdrm
Date Apartment Needed: _____

Household Income: $_____ Frequency _____ Annually _____ Monthly _____ Hourly

Source of Income: _____

Do you or anyone in your household own any of the following:

_____ Checking or Savings Account _____ Retirement Account _____ Real Estate
_____ CDs, Stocks, Bonds or Mutual Funds _____ Other- Please specify _____

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How many members are in your household? _____ Adults _____ Dependents
Please list all household members:

Name	Date of Birth	Social Security Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

I understand and agree: a) that the above information is required to determine eligibility to rent an apartment at Callyn Heights 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 Callyn Heights Apartments depends upon meeting the tenant selection criteria as well as program eligibility guidelines; and e) **I authorize Callyn Heights 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.**

_____ _____
Head of Household Signature **Date**

_____ _____
Other Adult Signature **Date**

_____ _____
Other Adult Signature **Date**

For office use only

Date Received: _____

Time Received: _____

Received By: _____