

Mail this application to:

The name of the waitlist I'm applying for is: _____

Some waitlists are closed: Before sending this application, check <http://www.housingworks.net/> to see what is open

You **must** answer every question on this application: respond to questions that are not applicable by writing "N/A".
Incomplete applications may be returned or discarded.

Name of HoH: _____

Long-Term Mailing Address _____

City/State/Zip: _____
(this address should ideally work for the next 3-5 years):

Phone(s): _____ - _____ - _____ _____ - _____ - _____

Email: _____

The **SSN** for the head of household is: _____

Does the HoH have a **Social Security Number** (SSN)? ☐ Yes ☐ No *If "Yes" you must provide it above).*

What is your **date of birth**? _____ What is your **gender**? _____

Race (white, black, asian, etc)? _____

What was your **mother's last name** when she was born? *Protects your privacy*) _____

How many people will be living in the unit? _____ people. What **unit size** are you seeking? _____ BR

Describe your **Income Sources** (Job, Food Stamps, SSI, TAFDC, etc.) _____

What is your family's **ANNUAL** income? \$ _____ (do NOT write an hourly, weekly, or monthly amount!)

☐ YES ☐ NO Do you have a **rental voucher** or **some other form of regular rental assistance**?

Specify: ☐ Section 8 ☐ MRVP ☐ AHVP ☐ Homebase ☐ _____

☐ YES ☐ NO Do you need a **wheelchair accessible unit** (or a "no-steps" unit)?

☐ YES ☐ NO Do you need **reasonable accommodations** due to a disability, either during the application period or tenancy? _____

☐ YES ☐ NO Are you or any member of your household subject to a lifetime registration requirement under a **State Sex Offender Registration** program?

☐ YES ☐ NO **Priority/Preference Status:** If there is a section in this application that asks about priorities and preferences, did you claim any?

Office Only: Date/Time Stamp

MICHAEL STRIAR APTS
C/O PAM HUNT
500 HERITAGE DRIVE
APT 106
CANTON, GA 30114
(888) 882-4065 TTY 711

FOR NAME: _____
OFFICE ORIG APP RECPT DATE: _____ TIME: _____
USE AGENT SIGNATURWE: _____ DATE: _____
ONLY VL/L: _____ ADJ INC: \$ _____ FM SZ: _____

MICHAEL STRIAR APARTMENTS RENTAL APPLICATION

PLEASE FILL OUT **EVERY** SPACE. DO NOT LEAVE ANY BLANK SPACES. PUT "N/A" IN ANY SPACES THAT DO NOT APPLY TO YOU. MAIL COMPLETED APPLICATION TO THE ADDRESS LISTED ABOVE.

NAME: _____ PHONE: _____

CURRENT MAILING ADDRESS: _____

EMERGENCY CONTACT: NAME: _____ PHONE: _____
ADDRESS: _____ RELATION: _____

MY DATE OF BIRTH: _____ MY SOC SEC NO: _____

WHO ELSE WILL LIVE WITH YOU AT PINE OAKS?

1. NAME: _____ BIRTHDATE: _____ SS NO: _____ RELATION: _____
2. NAME: _____ BIRTHDATE: _____ SS NO: _____ RELATION: _____
3. NAME: _____ BIRTHDATE: _____ SS NO: _____ RELATION: _____
4. NAME: _____ BIRTHDATE: _____ SS NO: _____ RELATION: _____

DO YOU OWN PETS? _____ TYPE: _____

PRESENT LANDLORD: _____ PHONE: _____ MOVE IN DATE: _____

MAILING ADDRESS: _____

WHY DO YOU WISH TO LEAVE? _____

FORMER LANDLORD: _____ PHONE: _____ MOVE IN DATE: _____

WHY DID YOU LEAVE? _____ MOVE OUT DATE: _____

MAILING ADDRESS: _____

PLEASE INCLUDE ALL HOUSEHOLD MEMBERS WHO WILL LIVE WITH YOU IN THE FIGURES REQUESTED BELOW. TO GET AN "AVERAGE MONTHLY" FIGURE, DIVIDE ONE YEAR'S TOTAL BY 12.

WHAT IS YOUR TOTAL **MONTHLY** GROSS INCOME FROM ALL SOURCES (EMPLOYMENT, WELFARE, UNEMPLOYMENT, WORKERS COMP, CHILD SUPPORT, ETC?) \$ _____

WHAT IS THE NET VALUE OF ALL YOUR FAMILY ASSETS? \$ _____
(BANK ACCOUNTS, STOCKS, BONDS. ETC)

WHAT ARE YOUR TOTAL AVERAGE MONTHLY GROSS EARNINGS (INTEREST/DIVIDENDS) FROM CHECKING, SAVINGS, CD, MONEY MKT, STOCKS/BONDS, MUTUAL FUNDS, INVESTMENTS, ETC? \$ _____

DO YOU OWN REAL ESTATE? _____ PRESENT VALUE: \$ _____ UNPD MORTGAGE BALANCE: \$ _____

WHAT IS YOUR AVERAGE **MONTHLY** PAYMENT FOR CHILD CARE (ONLY IF THE CHILD CARE IS NECESSARY TO ALLOW YOU TO WORK)? \$ _____

***ANSWER THE NEXT QUESTION ONLY IF YOU OR A MEMBER OF YOUR FAMILY IS HANDICAPPED OR DISABLED, OR IF HEAD OF HOUSEHOLD IS 62 OR OLDER!!!
WHAT IS YOUR TOTAL AVERAGE **MONTHLY** OUT-OF-POCKET EXPENSE FOR DOCTOR/DENTIST CO-PAYMENTS, PRESCRIPTIONS, DOCTOR-ORDERED NON-PRESCRIPTION ITEMS, GLASSES, HEARING AIDS, HEALTH AIDE SERVICES, MEDICAL TRANSPORTATION, ETC?

LIST OUT-OF-POCKET EXPENSES FOR THE HANDICAPPED/ DISABLED APPLICANT ONLY-----\$ _____

LIST OUT-OF-POCKET EXPENSES FOR EVERYONE IF HEAD OF HOUSEHOLD IS OVER 62-----\$ _____

DO YOU REQUEST A HANDICAP/DISABILITY ADJUSTMENT TO INCOME? YES ____ NO ____

CREDIT REFERENCES

COMPANY: _____	CURRENT BALANCE: _____	MONTHLY PAYMENT: _____
COMPANY: _____	CURRENT BALANCE: _____	MONTHLY PAYMENT: _____
COMPANY: _____	CURRENT BALANCE: _____	MONTHLY PAYMENT: _____

1. ARE YOU CURRENTLY ENGAGED IN THE ILLEGAL USE OF A CONTROLLED SUBSTANCE? YES ____ NO ____
2. HAVE YOU BEEN CONVICTED FOR THE ILLEGAL MANUFACTURE OR DISTRIBUTION OF A CONTROLLED SUBSTANCE? YES ____ NO ____

I CERTIFY THAT IF I MOVE INTO AN APARTMENT AT MICHAEL STRIAR APARTMENTS, THE APARTMENT WILL BE MY PERMANENT RESIDENCE, AS WELL AS THAT OF ALL MEMBERS OF MY HOUSEHOLD. I WILL NOT MAINTAIN A SEPARATE SUBSIDIZED RENTAL UNIT IN ANOTHER LOCATION, NOR WILL ANY MEMBER OF MY HOUSEHOLD. I UNDERSTAND THAT THIS IS A RENTAL APPLICATION ONLY AND IN NO WAY ENSURES OCCUPANCY. I CERTIFY THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT.

I HEREBY GIVE FULL PERMISSION TO MICHAEL STRIAR APARTMENTS TO OBTAIN CREDIT HISTORY, LANDLORD REFERENCES, CRIMINAL HISTORY, HOUSING COURT INFORMATION AND ANY OTHER INFORMATION THAT MAY BE NEEDED TO PROCESS MY APPLICATION. INFORMATION MAY ALSO BE OBTAINED DIRECTLY FROM THE SOURCES I HAVE LISTED ON MY APPLICATION.

APPLICANT'S SIGNATURE: _____ DATE: _____
PLEASE BE SURE TO SIGN AND DATE HERE!

THE INFORMATION REGARDING RACE, NATIONAL ORIGIN, AND SEX DESIGNATION SOLICITED ON THIS APPLICATION IS REQUESTED IN ORDER TO ASSURE THE FEDERAL GOVERNMENT, ACTING THROUGH THE FARMERS HOME ADMINISTRATION, THAT FEDERAL LAWS PROHIBITING DISCRIMINATION AGAINST TENANT APPLICANTS ON THE BASIS OF RACE, COLOR NATIONAL ORIGIN, RELIGION, SEX, FAMILIAL STATUS, AGE, AND HANDICAP ARE COMPLIED WITH. YOU ARE NOT REQUIRED TO FURNISH THIS INFORMATION, BUT ARE ENCOURAGED TO DO SO. THIS INFORMATION WILL NOT BE SUED IN EVALUATING YOUR APPLICATION OR TO DISCRIMINATE AGAINST YOU IN ANY WAY. HOWEVER, IF YOU CHOOSE NOT TO FURNISH IT, THE OWNER IS REQUIRED TO NOTE THE RACE/NATIONAL ORIGIN AND SEC OF INDIVIDUAL APPLICANTS ON THE BASIS OF VISUAL OBSERVATION OR SURNAME.

I AM : MALE ____ FEMALE ____

I AM: WHITE: ____ BLACK ____ AMERICAN INDIAN ____ ALASKAN NATIVE ____

 ASIAN/PACIFIC ISLANDER ____ HISPANIC ____

"IN ACCORDANCE WITH FEDERAL LAW AND U.S. DEPARTMENT OF AGRICULTURE POLICY, THIS INSTITUTION IS PROHIBITED FROM DISCRIMINATING ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, SEX, AGE, OR DISABILITY. (NOT ALL PROHIBITED BASES APPLY TO ALL PROGRAMS.)

"To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whiten Building, 1400 Independence Avenue, SW, Washington, DC, 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer."

Housing History, Page 1

Note: you can often locate landlord information by using the Tax Assessor's website in each town (or by calling the Tax Assessor's phone number in most towns: To determine if there is an online Tax Assessor page for a town search the web like this: "Tax Assessor, Boston MA" or "Property Assessment, Dallas TX".

CURRENT RESIDENCE

DATES YOU LIVED THERE:

Name on the lease _____ to: _____ or present

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

PRIOR RESIDENCE

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

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RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

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RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A