

Full Name:

Address1:

Address2:

City State Zip:

Email:

Case Manager Email:

Apply via cell phone:

- Open camera on phone.
- Aim camera at the QR code.
- Open with your browser.
- Select your language at top right.
- It's secure, safe, HIPAA compliant.



...or, Apply via your computer (click the button below)



...or, Mail application to address at left. Do not fax!



Fold on this line —

Date You completed the application: yyyy-mm-dd

Wilson Gardens Apartments offers One, Two, and Three Bedroom apartments, some reserved for:

- Families (Three Bedroom Units)
- Elders who are 62 years or older at the time of application (One and Two Bedrooms)
- Persons of any age with any documented disability (One and Two Bedrooms)
- Persons with a handicap that requires modification of an apartment: Mobility, Hearing, Vision-impairment

Please complete both sides of this Application: Incomplete applications will be returned to you.

Respond to questions that are not applicable by writing "N/A".

Are you 62 years of age or older?

☐ Yes

☐ No

Do you have a documented disability or handicap and are 18-49 years of age?

☐ Yes

☐ No

What is your estimated annual income?

\$ _____ .00

Do you presently hold a mobile voucher?

☐ Yes

☐ No

Do you have a child under 18 **AND** the household is experiencing Domestic Violence?

☐ Yes

☐ No

Have you been displaced by Substandard Housing or Health Code Violations?

☐ Yes

☐ No

← **Date Time Stamp – for Office Use Only**

HEAD OF HOUSEHOLD’S (HoH) FIRST NAME ONLY, type or write in the row below:

HEAD OF HOUSEHOLD’S COMPLETE MIDDLE NAME:

HEAD OF HOUSEHOLD’S LAST NAME (EX: BAEZ GONZALEZ):

DOES THE HoH HAVE A SOCIAL SECURITY NUMBER or ITIN?

☐ Yes☐ No

Enter the [complete SSN](#) or ITIN below:

DATE OF BIRTH

Type birthyear first, using dashes YYYY-MM-DD

GENDER

F M T-MTF T-FTM

ETHNICITY: (Hispanic or Non-Hispanic, Client Refused)RACE: (Asian, Black, White, Native American, Pacific Islander, Multi-racial, Client Refused – do not write Spanish)

REQUESTED ACCOMMODATIONS: Do you need any of these? ☐ = **X** ☐ I don’t need any of the accommodations listed below

☐ Fully Accessible Wheelchair Unit☐ No-Steps unit (elevator to any floor)☐ First-Floor unit only

☐ Bathroom modifications☐ Hearing Impaired Unit☐ Unit designed for Environmental Allergies

☐ Vision Impaired Unit☐ Need an Interpreter☐ Domestic Violence Victim☐ Live-In Aide or PCA

HEAD OF HOUSEHOLD’S CAREER STAGE:

☐ Employed☐ Unemployed☐ Retired☐ FT Student☐ PT Student

ANY VETERANS IN YOUR HOUSEHOLD:

☐ Yes☐ No

PERMANENT MOBILE RENTAL ASSISTANCE, if any - [you must select one of these answers](#)

☐ I do not have mobile rental assistance☐ Mobile Section 8 voucher☐ MRVP☐ AHVP☐ VASH or similar

CRIMINAL RECORD AND SEX OFFENDER INFORMATION

Head of Household: Any Felony/Conviction?

☐ Yes☐ No

Any Misdemeanor Conviction?

☐ Yes☐ No

Other HH Members: Any Felony Convictions?

☐ Yes☐ No

Any Misdemeanor Conviction?

☐ Yes☐ No

Is [anyone](#) in HH subject to a lifetime sex offender registration in any state?

☐ Yes☐ No

ANY PETS:

☐ Yes☐ No

Breed, Size, Weight,

HOUSEHOLD SIZE AND COMPOSITION:

← # Adults← # Children← Total # in Household

ANNUAL INCOME\$.00

DOCUMENTED DISABILITY?

☐ Yes☐ No

CURRENT HOUSING STATUS:

☐ Homeless☐ Housing Loss 14 days☐ Fleeing Dom. Violence☐ At risk of homelessness☐ Stably Housed

HAVE YOU BEEN DISPLACED:

☐ No☐ by Accessibility/health issues☐ by Addiction behaviors☐ by Cost of living☐ by Pandemic☐ by fire/flood/earthquake☐ by Domestic Violence or Sexual Assault☐ by Urban development, eminent domain☐ by Condemnation of home, code violations☐ by Threat to life or safety

PREFERRED TELEPHONE NUMBER:SECOND TELEPHONE

PREFERRED METHOD OF CONTACT FOR VACANCY OFFERS AND UPDATES:

☐ Email☐ Mail☐ Cellphone

BEST EMAIL ADDRESS:

BEST MAILING ADDRESS (include apt #):

☐ where I currently live☐ a shelter☐ a P.O. Box☐ a "care of" address☐ a co-applicant’s address

Street or PO:Apt # or c/or Name:

City, State, and Zip Code:

City:State:Zip:

BACKUP ADDRESS

☐ same as above☐ a shelter☐ a P.O. Box☐ a "care of" address☐ a co-applicant’s address

Street or PO:Apt # or c/or Name:

City, State, and Zip Code:

City:State:Zip:

BEDROOMS NEEDED→

ARE YOU WISHING TO CLAIM ANY OF THESE PRIORITIES and PREFERENCES?

☐ Disability☐ Elder☐ Local Resident☐ Local Employee☐ Local Student☐ Homeless Veteran

☐ Rent-burdened 40%☐ Rent-burdened 50%☐ Fleeing domestic violence☐ HUD VAWA Certificate

☐ Victim of Hate Crime☐ Community Based Housing

Displaced by: ☐ Urban Renewal☐ Sanitation Code☐ Natural Forces☐ Other:

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