



VERA FRENCH

PRE-APPLICATION

HEAD OF HOUSEHOLD

Name:

Date of birth:

SSN:

Phone:

Current address:

City:

State:

ZIP Code:

Do You: Own/Rent
(Please circle)

Monthly payment:

How long?

INCOME INFORMATION

Current employer/ Income Source:

Phone:

How long?

Position:

Hourly/Salary (Please circle)

Monthly income:

Previous Landlord:

Address:

Phone:

City:

State:

ZIP Code:

BACKGROUND INFORMATION

Who were you referred by:

Are you currently a student (Y/N)

Have you been a student in the last 12 months (Y/N)

Reason for moving:

Are you currently Homeless (Y/N)

If yes please state where currently staying:

How many times have you been homeless:

Do you claim a Mental Disability (Y/N)

Do you currently work with someone from Vera French (Y/N)

If Yes Who:

Other Mental Health Provider:

Please Choose Housing Choices in order to place you on the correct wait list

Supervised Living (Y/N)

If yes do you receive Title 19 (Y/N)

Number of Bedrooms
(circle one)
(1) (2)

Handicap Accessible

(Y/N)

Desired Monthly Rent Payment:
(\$390.00- \$525.00)

Can you get Utilities in your Name (Y/N)

Do you have a current SEC 8 Voucher/ or other subsidy : (Y/N)

LIST OTHERS WHO WILL LIVE WITH YOU

Name

Relation

Birthday (mm/dd/yy)

Disability (Y/N)

RELEASE OF INFORMATION

I authorize Vera French Housing to verify the information provided on this form as to my employment history, mental health diagnosis, and criminal background check

Signature of applicant

Date

Signature of co-applicant, if for joint account

Date

PLEASE LIST OTHERS WHO WILL LIVE WITH YOU

<u>NAME:</u>	<u>RELATION:</u>	<u>BIRTHDAY (mm/dd/yy)</u>	<u>DISABILITY (Y/N)</u>

Family Income and Assets

List total gross income (before taxes) and payments received by each family member age 18 and older for wages, military pay, pensions, social security, SSI, welfare, child support, unemployment, business, profession or any other source of income.

<u>First Name</u>	<u>Gross Income</u>	<u>How Often:</u>							
	\$	<input type="checkbox"/>	Weekly	<input type="checkbox"/>	Every Two Weeks	<input type="checkbox"/>	Monthly	<input type="checkbox"/>	Yearly
	\$	<input type="checkbox"/>	Weekly	<input type="checkbox"/>	Every Two Weeks	<input type="checkbox"/>	Monthly	<input type="checkbox"/>	Yearly
	\$	<input type="checkbox"/>	Weekly	<input type="checkbox"/>	Every Two Weeks	<input type="checkbox"/>	Monthly	<input type="checkbox"/>	Yearly
	\$	<input type="checkbox"/>	Weekly	<input type="checkbox"/>	Every Two Weeks	<input type="checkbox"/>	Monthly	<input type="checkbox"/>	Yearly
	\$	<input type="checkbox"/>	Weekly	<input type="checkbox"/>	Every Two Weeks	<input type="checkbox"/>	Monthly	<input type="checkbox"/>	Yearly

List total cash value and total income received for assets owned by all family members.

<u>Type of Asset</u>	<u>Cash Value of Asset</u>	<u>Income received from Asset</u>
<u>Checking Account</u>	\$	\$
<u>Savings Account</u>	\$	\$
<u>Stocks, Bonds, CD's, Investment</u>	\$	\$
<u>Real Estate</u>	\$	\$
<u>Other</u>	\$	\$