

Disabled Adult Residential Enterprises Pre-Application-waitlist

Date		Time	
Personal (please print)			
Applicant Name	18 or older?	Drivers License Number	Vehicle license number
Co-Applicant Name	18 or older?	Drivers License Number	Vehicle license number
Address (street # and name)	Applicant Home Phone	Business Phone	Social Security #
City, State, Zip	Co-Applicant Home Phone	Business Phone	Social Security #
Other Occupants Names	Age	Relationship to Applicant	Social Security #
Have you or any member of the household ever been convicted of a felony?			
Employment			
Current Employer Name			Telephone
Street Address		City	State Zip
How long employed?	Monthly Income	Position	Supervisors Name
Co-Applicant Current Employer Name			Telephone
Street Address		City	State Zip
How long employed?	Monthly Income	Position	Supervisors Name
Social Security and Pension Benefits			
Residence History			
Present Landlord		Street Address	
City	State	Zip	Telephone
If owned home show mortgage company		How long did you live there?	Reason for Leaving
Previous Landlord		Street Address	
City	State	Zip	Telephone
If owned home show mortgage company		How long did you live there?	Reason for Leaving
In case of Emergency Notify (other than occupant)		Telephone	Do You have any pets? If so specify type, breed and weight.
How did you hear about our Community?			
<input type="radio"/> Newspaper	<input type="radio"/> Direct Mailer		
<input type="radio"/> Signage	<input type="radio"/> Brochure		
<input type="radio"/> Apartment Shoppers Guide	<input type="radio"/> Internet	What Site?	
<input type="radio"/> Drive By	<input type="radio"/> Resident Referral	Name of Resident	
	<input type="radio"/> Billboard		



By Signing this form I attest to the fact that all information provided is true and correct to the best of my knowledge

X _____ Date _____