

MONICA'S VILLAGE PLACE I APARTMENTS

HOUSING APPLICATION

First Name	Last Name	Middle Initial	Date
/ /	- -		
Date of Birth	Social Security Number		Phone
Email			

Current Address with City and Zip code

Are you, or will you be in the next 12 months, a full-time student? Yes No

Who referral you to this program?

Referral Contact Name: _____ Referral Phone Number: _____

Income Information

Please list the source and amount of **all** current income received by you, including any type of temporary or day labor.

Income Source	Monthly Amount	Income Source	Monthly Amount
<input type="checkbox"/> SSI/SSA	\$ _____ / month	<input type="checkbox"/> Employment	\$ _____ / month
<input type="checkbox"/> TANF	\$ _____ / month	<input type="checkbox"/> Temp/Day Labor	\$ _____ / month
<input type="checkbox"/> GAU/GAX	\$ _____ / month	<input type="checkbox"/> Other	\$ _____ / month
<input type="checkbox"/> Child Support	\$ _____ / month		Please describe

General Information (please circle all that apply)

1. Are you a full-time student?	Yes	No
If yes, please describe: _____		
3. Have you ever lived in a Catholic Housing Services building?	Yes	No
If yes, what year and where? _____		
4. Have you ever lived in a unit/building subsidized by Seattle Housing Authority?	Yes	No
If yes, what year and where? _____		Do you owe SHA money?
	Yes	No
7. Have you ever used any other name(s) or a social security number other than listed above?	Yes	No
If yes, what name(s) and/or social security number(s)? _____		
8. Are you a US citizen?	Yes	No
9. Are you a Veteran?	Yes	No

General Information (continued)

10. Are you Homeless?	Yes	No
If you are currently homeless, please indicate where you are staying (circle all that apply)		
Streets	Shelter	Family
Friend	Jail	Care Facility
Hotel	Transitional	
Other, please describe: _____		
11. Will you be the only one to occupy a housing unit?	Yes	No
If no, please list the names and date of birth of all additional household members:		
1. Name: _____	Date of Birth: _____	4. Name: _____
		Date of Birth: _____

agree that copies of this document may be made to authorize inquires from sources I have given to CHS, or from other sources which become apparent from information collected during the completion of my application file. As a prospective tenant of the **Monica's Village Place I**, I agree to a complete investigation of my past court, credit and rental history, which does not constitute an invasion of my privacy. Authorization is given of my own free will. I understand that any misrepresentation, deletions or falsification on this application is sufficient cause to void my application.

I also authorize CHS and the management of the **Monica's Village Place I** to share financial and social information for the purposes of verifying my continued eligibility and suitability for housing.

By signing below, I certify that the above information is true and correct to the best of my knowledge. I authorize representatives of the Catholic Housing Services (CHS) to verify the information listed on this application for admission into the **Monica's Village Place I**. This consent expires 15 months after signed.

Applicant's Signature

Date

Housing Application Revised 02/26/2020