



BUCKS VILLA

APPLICATION FORM

Due to the complicated nature of this form, applicants are encouraged to seek assistance from their medical case manager as needed. The Family Service Housing Administrator will provide referrals to a medical case manager if necessary.

Applicant's Name: _____ Date: _____

Phone: _____ Date of Birth: _____

Address: _____
Street Apt No.

_____ City State Zip

- Current Place of Residence:
- Shelter/Street
 - Relative/Significant Other
 - Friend
 - Live Independently in Rental Property
 - Live Independently in Self-owned Property
 - Prison
 - Other, Specify: _____

Sex: _____ Social Security #: _____

Monthly Income:

Social Security Income		Pension	
Social Security Disability Income		Unemployment	
Employment/ Cash Wages		Other:	

Assets- Total for each category:

Savings Account		IRAs	
Checking Account		Stocks/Bonds	
Money Market Account		Real Estate	
Other			

(Please Note: Documentation is required for all forms of income and assets at the time of the interview.)

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Medical Expenses:

Do you have Medical insurance? Yes No If yes, what is type? _____

Do you have more than one type of medical insurance? Yes No

If yes, please name: _____

Do you have any outstanding medical bills on which you are paying? Yes No

Do you expect to have any outstanding medical expenses during the next 12 months? Yes No

If yes, amount of medical expenses \$ _____

Other Expenses/Debts: (Includes: Credit Cards, Loans, Car Payment/Insurance, Fines/Tickets, etc.)

Type of Expense/Debt	Amount Owed	Type of Expense/Debt	Amount Owed

SUBSTANCE ABUSE INFORMATION

Please list current and past substance abuse issues, including current clean time:

Substance Abuse Treatment Programs (specify programs, dates of attendance, date of discharge and outcome):

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Why are you requesting housing?

References:

Current Landlord: _____ Phone: _____

Address: _____

Dates of Occupancy: _____ Reason for Leaving and/or Eviction: _____

Previous Landlord: _____ Phone: _____

Address: _____

Dates of Occupancy: _____ Reason for Leaving and/or eviction: _____

List all States you have lived in since the age of 18:

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Comments/Additional Information:

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I certify that if selected to move into this project, the unit I occupy will be my only residence. I understand that the above information is being collected to determine my eligibility for assistance. I authorize the owner to verify all information provided in this application and to contact previous or current landlords or other sources for credit and verification information which may be released to appropriate Federal, State, or local agencies. I certify that the statements made in this application are true and complete to the best of my knowledge and belief. I understand that false statements or information are punishable under Federal law and could result in this application being rejected.

Applicant's Signature

Date

Management's Signature

Date



RACIAL AND ETHNIC CATEGORIES

ETHNICITY – CHOOSE ONE

- Hispanic or Latino
- Not Hispanic or Latino

RACE – CHOOSE ONE

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- American Indian or Alaska Native and White
- Asian and White
- Black or African American and White
- American Indian or Alaska Native and Black or African American