

New Pisgah Haven Homes

8005 S. Racine Ave
Chicago, Illinois 60620
773-224-8650 Office ** 773-224-8657 Fax

Date: _____ Please check: ___ 1 bedroom Over 62? Yes No

Applicant Information

Co-applicant

Head of Household Information

Name _____
Birthdates: _____
Soc.Sec. #: _____
Address: _____
Previous Address: _____
Telephone: _____
City, State, ZipCode: _____

Head of Household

Name of Head: _____
(Last) (First) (Middle)

Sex: Male Female Primary Language _____

Race: American Indian or Alaska Native Black or African American
 Native Hawaiian or Other Pacific Islander White
 Asian Other _____

Ethnicity: Hispanic or Latino Non-Hispanic or Non-Latino

Do you require special accommodations in order to reside in a unit? Yes No
If "yes", please describe necessary accommodations _____

Are you a United State Citizen? Yes No If "No" please explain _____

A Non-Citizen with eligible status? Yes No

A Non-Citizen Student? Yes No

Have you been displaced due to Government action, Urban Renewal or a Major Disaster?
 Yes No

How did you hear about New Pisgah Haven Homes _____

Have you been evicted, for any cause, from any housing, including federally subsidized housing, with the past 3years? Yes No

If "yes" what was the cause of this eviction?

How long have you lived at your current address _____

Current Occupancy Information

Own: _____ Mortgage: _____ Status: _____
Rent: _____ Amount: _____ Lease Expiration: _____
Parents: _____ Amount: _____ Length of time: _____
Other (Explain) _____ Security Holding _____

Judgment of Litigation:

(Explain): _____

Landlord Current:

Landlord Previous:

Name: _____
Address: _____
City, State, Zip Code _____
Phone: _____

Name: _____
Address: _____
City, State, Zip code _____
Phone: _____

TENANTS WHO INTEND TO RESIDE IN UNIT

<u>Name</u>	<u>Social Security #</u>	<u>Birth date</u>	<u>Relationship</u>
_____	_____	_____	_____
_____	_____	_____	_____

Income Information

Applicant:

Co-Applicant:

Employer _____
Position _____
Salary _____
Length of Employment _____
Company _____
Supervisor _____
Phone: _____
Address: _____
City, State, Zip Code _____

ADDITIONAL INCOME

Please Check:

Social Security \$ _____ Disability \$ _____ Retirement \$ _____
 Veteran \$ _____ Child Support \$ _____ Alimony \$ _____
 Public Assistance \$ _____ Self Employed \$ _____ Other \$ _____

Credit Information

Applicant:

Co-Applicant:

Name: _____ Acct _____
Balance: _____

Name _____ Acct _____
Balance: _____

Name: _____ Acct _____
Balance: _____

Name _____ Acct _____
Balance: _____

Automobile, Personal or Business Loan

Applicant:

Co-Applicant:

Lender _____
Type of Loan _____
Contact _____
Phone: _____
Balance: _____

Lender _____
Type of Loan _____
Contact _____
Phone: _____
Balance: _____

BANK REFERENCES

Applicant:

Co-Applicant:

Bank Name: _____
Account #: _____
 Checking\$ _____ Saving\$ _____

Bank Name: _____
Account #: _____
 Checking\$ _____ Saving\$ _____

Please Check if Applicable

____ Occupy Substandard ____ Involuntarily Displaced ____ 50% Income Rent

Please note: Investigation will be made as to your credit record, character, general reputation and mode of living.

APPLICANT(S) _____ **OFFICE:** _____ **DATE** _____

PLEASE CHECK MAXIMUM LENGTH OF INTEREST IF PLACED ON WAITING LIST
 6 Months **12 Months** **18 Months** **24 Months**

For Office Use Only

Received by: _____ Postmarked Date _____
Waiting List Number: _____ Other _____