



BLUE HORIZON
MANAGEMENT COMPANY



AFFORDABLE HOUSING APPLICATION

<p style="text-align: center;"><i>Date Stamp</i></p> <p>Intake Processor's Signature: _____</p>	<p>Property Applying To: _____</p> <p style="text-align: center;">Status: <input type="checkbox"/> Approve <input type="checkbox"/> Denied <input type="checkbox"/> Prospect</p> <p>Bedroom Size: _____ Program Type: _____</p>
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Please do not use a pencil. Please use a black or blue ink pen.

You must be 18 years old in order to submit an application. This application must be filled out completely. Failure to do so will place your application in the incomplete file and it will not be placed on the Waiting List.

First Name		Last Name																																					
Street Address		City																																					
State	Zip Code	Telephone Number (<i>Preferred</i>)																																					
Email Address	Social Security # (4 digits only) XXX-XX-____	Birth Date																																					
Race <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Other	Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	Are You Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No	Highest Education Completed <input type="checkbox"/> Elementary <input type="checkbox"/> High School <input type="checkbox"/> Jr. College <input type="checkbox"/> College/University <input type="checkbox"/> Post Graduate																																				
Type of Monthly Income (<i>check all that apply</i>) <input type="checkbox"/> Wage <input type="checkbox"/> SS <input type="checkbox"/> TANF <input type="checkbox"/> SSI <input type="checkbox"/> Child Support <input type="checkbox"/> VA <input type="checkbox"/> Retirement/Pension <input type="checkbox"/> Unemployment		Amount of Monthly Income \$ _____	Assets <input type="checkbox"/> Savings <input type="checkbox"/> Stocks, Bonds, Money <input type="checkbox"/> 401K <input type="checkbox"/> Market account <input type="checkbox"/> Other																																				
<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Family Attributes:</th> <th style="text-align: center; border-bottom: 1px solid black;">Male</th> <th style="text-align: center; border-bottom: 1px solid black;">Female</th> <th style="text-align: center; border-bottom: 1px solid black;">Total</th> </tr> </thead> <tbody> <tr> <td>Head of Household:</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Spouse/Co-Head:</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td># of Other Adults:</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td># of Students 18+ Years Old</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td># of Youth < 18 Years Old</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td># of Foster Children:</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td># of Live-in Aides:</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Total People in Household</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> </tbody> </table>			Family Attributes:	Male	Female	Total	Head of Household:	_____	_____	_____	Spouse/Co-Head:	_____	_____	_____	# of Other Adults:	_____	_____	_____	# of Students 18+ Years Old	_____	_____	_____	# of Youth < 18 Years Old	_____	_____	_____	# of Foster Children:	_____	_____	_____	# of Live-in Aides:	_____	_____	_____	Total People in Household	_____	_____	_____	Do you own any pets? <input type="checkbox"/> Yes <input type="checkbox"/> No Please specify type and weight:
Family Attributes:	Male	Female	Total																																				
Head of Household:	_____	_____	_____																																				
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Total People in Household	_____	_____	_____																																				
Driver's License #																																							
Occupation		Are you a US citizen? <input type="checkbox"/> Yes (<i>Citizen</i>) <input type="checkbox"/> No (<i>Noncitizen</i>)																																					

Applicant Signature _____

Date _____

Please list the individuals that will be living with you.

Name of Members	Relationship	Age	Birth Date	Sex	Social Security Number
	Head of Household		- -		XXX - XX - ____
			- -		XXX - XX - ____
			- -		XXX - XX - ____
			- -		XXX - XX - ____
			- -		XXX - XX - ____
			- -		XXX - XX - ____
			- -		XXX - XX - ____
			- -		XXX - XX - ____
			- -		XXX - XX - ____

Are you expecting a change to your household/family composition in the next 12 months? _____
 (i.e. pregnancy, adoption, pending custody/guardianship)

1. Have you ever lived in federally subsidized housing or program? Yes _____ No _____
 If yes, please give the name of the Housing Authority or program and address.

 If you answered yes to #1, please answer #2

2. Did you leave owing the Housing Authority or program any money? Yes _____ No _____

3. Has anyone in your household or any member of your household ever been arrested or convicted of a felony for drug-related criminal activity or violent criminal activity within the last seven (7) years? Yes _____ No _____
 If yes, what state did the offense occur in? Example SC, NC, etc. State: _____

4. Have you, as head of household, or anyone in your household ever committed any fraud in a federal assisted housing program, or been requested to repay money for knowingly misrepresenting information for such housing programs, or have you been requested to repay any monies? Yes _____ No _____

5. Have you or any member of your household ever been required to register as a sex offender? If so in what state(s) Yes _____ No _____
 State(s): _____

6. Have you or any member of your household ever been required to register as a life-time sex offender? If so in what state(s) Yes _____ No _____
 State(s): _____

I do hereby certify that the information I gave is true and accurate, to the best of my knowledge. I also acknowledge it is my sole responsibility to keep all information contained on this application current at all times.

 Applicant's Signature

 Date

If any assistance is required in completing this form please call 711 or 800-735-2962 (TDD/TYY).

How did you hear about us? (check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Sign <input type="checkbox"/> Drive By <input type="checkbox"/> Walk-in <input type="checkbox"/> Referral <input type="checkbox"/> Word of Mouth <input type="checkbox"/> Yellow pages <input type="checkbox"/> Newspaper <input type="checkbox"/> Other
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