

Applicant Name: _____

I. UNIT CHARACTERISTICS

Unit Number: _____ Number of Bedrooms: _____ Occupied Unoccupied
 Monthly Rent Paid by Tenant: _____ Monthly Subsidy: _____ By Whom: _____
 Average Monthly Utilities--Lights, Heat, Water and Sewer: _____
 Are Utilities Included in the Rent? Yes No

II. TENANT CHARACTERISTICS

List all Persons Living in Unit

Name	Relationship	Sex	Age

List all Gross Income of all Persons Eighteen Years or Older Living in Unit (gross income is defined as income earned before taxes or other deductions)

Name	Employer / Source of Income	Gross Weekly Income	Hours Worked Per Week

Is anyone in the unit disabled? Yes No

I (we) certify that the information contained on this form is true and complete to the best of my (our) knowledge.

Signature of Tenant

Date

Witness

Date