

Preliminary Application



Current Address: _____ Phone Number: _____

City, State, Zip: _____ Email Address: _____

Where did you hear about us? _____

The completion of this application is for preliminary review only. It does not constitute any waitlist placement or approval of any kind. The completion and processing of a *full* application packet will be required before eligibility can be confirmed.

Household Members	Relationship	Sex	Social Security Number	Date of Birth	Student Status
	Head of Household				F/T P/T N/A
					F/T P/T N/A
					F/T P/T N/A
					F/T P/T N/A

1. How much is your current monthly income? \$ _____ Source(s) of Income: _____

2. Are you receiving any income support from family/friends? If yes, how much? \$ _____

3. What is the monthly income of other household members? \$ _____ Source(s) of Income: _____

4. Do you or any other household member have assets totaling over \$5000? Yes* No

*If yes, explain: _____

5. Do you have full custody of any children living in the household? Yes No n/a

6. Have you, or any member of your household, been evicted from any property, including but not limited to, a federally assisted property, within the last 5 years? Yes No

7. Have you, or anyone in your household, **EVER** been convicted of a felony?

Yes* No *If yes, explain _____

8. Are you, or anyone in your household, subject to any sex offender registration program in any state, up to and including lifetime registration? Yes* No *If yes, explain _____

- **Any request for a Live-In Aide must be approved in advance.**
- **All proposed household members 18 and older must sign this application.**

I certify that all information and answers to the above questions are true and accurate to the best of my knowledge. I understand that the above information is being collected to determine preliminary eligibility. I authorize the owner/management to complete a credit, criminal background check. I understand that our information will be kept confidential and that providing false information or making false statements may be grounds for denial of my application.

Applicant _____

Date _____

Applicant _____

Date _____

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