

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