

<b>Community Name:</b>					<b>Pre-Application Form</b>				
Office Address:					For Office Use Only				
City, State & Zip Code:					Date:				
Telephone:					Time:				
Fax:					Initials:				
TTD/TTY:	800-553-0300				B/R Size:				

### Household Composition

	Last Name	First Name	Relationship	Sex	SS#	Birth Date	Race	Ethnicity	Is this member a Student?	List all states that member has resided in
1.			Head							
2.										
3.										
4.										
5.										
6.										

Applicant current address:

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email address: \_\_\_\_\_

How did you hear about our community? \_\_\_\_\_

**Has any member of the household ever been convicted of a criminal offense (other than a traffic offense)?**

Yes  No If Yes, explain \_\_\_\_\_

**Is any member of the household subject to Lifetime Sexual Offender Registration?**  Yes  No

Do you have a need for an apartment with special handicap accessibility design features?  Yes  No

### Household Income

(Please list income for all household members)

How often are you paid?

	Household Member	Source of Income	Weekly	Bi-weekly	Bi-monthly	Monthly	Annual Income
1.							
2.							
3.							
4.							

Applicant certifies that the unit applied for will serve as the Applicant's primary residence.

**I certify that the above information is accurate and complete.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Management Signature

\_\_\_\_\_  
Date

This community is dedicated to providing decent, safe, and affordable housing to our residents. If you have any questions regarding this document, please contact the rental office.

Your response to this document does not preclude you from exercising other avenues available if you believe that you are being discriminated against based on race, color, religion, sex, national origin, familial status, or handicap / disability, age, sexual orientation, gender identity or marital status. Other state and local law required classes include, but are not limited to, military status (IL / OH), height (MI), weight (MI) and ancestry (IL / OH).

This community does not discriminate based on disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.

The persons named below have been designated to coordinate compliance with nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR Part 8 dated June 2, 1988).

Karen Hurt and / or Amber Spohn, 504 Compliance Coordinators, c/o Wallick Properties Midwest, LLC, P. O. Box 535, New Albany, OH 43054, Phone: 614-863-4640, TTY: 800-553-0300

