Eastern Iowa Regional Housing Corporation Grand Mound – Church view Apartments Worthington – West ridge Apartments





APPLICATION FOR APARTMENT

List all persons who will occupy the apartment:

Household Member Name	Date of Birth	Age			
(Last, First, Middle Initial)					
	4:				
Present Address		(K.			
How Long	Phone Number				
Landlord's Name	Phone Number				
Landlord's Address					
List all sources of income to the ho	ousehold:				
Applicant's Income Source	e (s)				
	Estimated Annual Income \$				
Co-Applicant's Income Sou	irce (s)				
	Estimated Annual Income \$				
	Estimated Annual Income \$				
(Please complete the attac	Total Gross Income \$				
Deductions:	Child Care Expenses \$				
	Medical Expenses after insurance \$				
	(Please complete the attached workshe	(Please complete the attached worksheet if applicable)			

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If you are less than 62 or disabilities?	? years old, are you eligible	for occupancy based on your	status as an individu Yes	•
Do you wish to have pat this complex?	priority for an apartment w	ith special design features for	persons with disabi	
Do you wish to claim	a \$400.00 deduction from y	your income based on a disab	ling condition?Yes	No
I/We certify this aparti		nent residence. I/We do not	THE STATE OF THE S	
I/We possess capacity	to enter into a legal contra	ct.		
	bove information is true an es to be made to verify the	d complete to the best of my statements above.	our knowledge.	
Date Socia	l Security Number	Applicant Signat	ure	
Date Socia	l Security Number	Applicant Signat	ure	
order to assure the Fed discrimination against that and handicap are comp This information will no However, if you choose	leral Government, acting the senant applicants on the ba blied with. You are not requent to be used in evaluating you	nd sex designation solicited on nough USDA, Rural Developmes of race, color, national oriuired to furnish this information application or to discriminate is required to note the race ation or surname.	nent that Federal Lav igin, religion, sex, far ion, but are encoura ate against you in an	ws prohibiting milial status, age ged to do so. y way.
Please indicate ethnicit	y, Race and Gender for eac	h member of household:		
Ethnicity: Hispanic or Lat Not Hispanic o		(Included the Control of Control		
Asian	,			
Gender: Male	Female	1		