



ACCESS Housing Dept.
 PO Box 4666
 Medford, OR 97501
 Phone 541-779-6691
 Fax 541-779-8886

**Ashland Community Land Trust
 APPLICATION FOR ADMISSION**

Please check the property or properties you are applying for:

- PARKVIEW APARTMENTS GRANT STREET APARTMENTS

Please check the unit size you require:

- STUDIO 2 BEDROOM 3 BEDROOM

All blanks must be filled in for this application to be considered complete. Please write N/A if the information requested does not apply. Incomplete applications will be rejected immediately. Unless joint applicants are married, each applicant must submit an individual application. If you need additional space, please attach a separate sheet of paper.

Applicant Name	Application Date
Current Address	Mailing Address
City, State, Zip	City, State, Zip
Home Phone	Work/Message Phone

HOUSEHOLD COMPOSITION AND CHARACTERISTICS

1. List the Head of Household and all other members who will be living in the unit. Give the relationship of each family member to the head of household.

Members Full Name	Relationship	Birth Date	Age	Sex	SS#
	Head of Household				



2. Race of Head of Household (check one. Used for statistical purposes only).

- American Indian or Alaska Native Asian Black or African American
 Native Hawaiian or Other Pacific Islander American Indian or Alaska Native and White
 Asian and White Black or African American and White White
 American Indian or Alaska Native and Black or African American
 Other Multiple Races greater than one percent (please list). _____
-

3. Ethnicity of Head of Household (for statistical purposes only) Hispanic Non-Hispanic

4. Does anyone live with you now that is not listed above? Yes No

5. Do you expect a change in your household composition? Yes No

Explain if you answered yes to either question #4 or #5: _____

HEAD OF HOUSEHOLD – INCOME AND ASSET INFORMATION

Please answer each of the following questions. **For each "yes", provide** details in the charts below.

Yes No

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Work full-time, part-time or seasonally? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Expect to work for any period of time during the next year? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Work for someone who pays him or her in cash? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Expect a leave of absence from work due to lay-off, medical, maternity or military leave? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Now receive or expect to receive unemployment benefits? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Now receive or expect to receive child support? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Entitled to child support that he/she is not now receiving? |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Now receive or expect to receive alimony? |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Have entitlement to alimony that is not currently being received? |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Now receive or expect to receive public assistance (TANF)? |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. Now receive or expect to receive Social Security or disability benefits? |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. Now receive or expect to receive income from a pension or annuity? |
| <input type="checkbox"/> | <input type="checkbox"/> | 13. Now receive or, expect to receive, regular contributions from organizations or from individuals not living in the unit? |
| <input type="checkbox"/> | <input type="checkbox"/> | 14. Receive income from assets including interest on checking or savings accounts, interest and dividends from certificates of deposit, stocks or bonds or income from rental property? |
| <input type="checkbox"/> | <input type="checkbox"/> | 15. Own real estate or any asset for which you receive no income (checking account, cash)? |
| <input type="checkbox"/> | <input type="checkbox"/> | 16. Have you sold or given away real property or other assets (including cash) in the past two years? |

CO-HEAD and/or SPOUSE INCOME AND ASSET INFORMATION

Please answer each of the following questions. For each “yes”, provide details in the charts below.

Yes No

- 1. Work full-time, part-time or seasonally?
- 2. Expect to work for any period of time during the next year?
- 3. Work for someone who pays him or her in cash?
- 4. Expect a leave of absence from work due to lay-off, medical, maternity or military leave?
- 5. Now receive or expect to receive unemployment benefits?
- 6. Now receive or expect to receive child support?
- 7. Entitled to child support that he/she is not now receiving
- 8. Now receive or expect to receive alimony?
- 9. Have entitlement to alimony that is not currently being received?
- 10. Now receive or expect to receive public assistance (TANF)?
- 11. Now receive or expect to receive Social Security or disability benefits?
- 12. Now receive or expect to receive income from a pension or annuity?
- 13. Now receive or expect to receive regular contributions from organizations or from individuals not living in the unit?
- 14. Receive income from assets including interest on checking or savings accounts, interest and dividends from certificates of deposit, stocks or bonds or income from rental property?
- 15. Own real estate or any assets for which you receive no income (checking account, cash)?
- 16. Have you sold or given away real property or other assets (including cash) in the past two years?

List all income received by every member of the household.

Members Full Name	Source of Income/Type of Income	Annual Income

List all checking and savings accounts of all household members, including IRAs, Keogh accounts, and Certificates of Deposit.

Members Full Name	Bank Name	Type of Account	Account Number	Balance

List all stocks, bonds, trusts, pensions or other assets and their value owned by any household member _____

List any assets disposed of for less than their fair market value during the past two years: _____

PREVIOUS RENTAL HISTORY

A minimum of 12 months rental history is required in order for the application to be considered complete. Additional rental history may be attached if necessary.

1.	
Present Landlord/Property Management Company	Address
City, State, Zip	Phone
Length of Tenancy	Reason for Leaving

2.	
Previous Landlord/Property Management Company	Address
City, State, Zip	Phone
Length of Tenancy	Reason for Leaving

3.	
Previous Landlord/Property Management Company	Address
City, State, Zip	Phone
Length of Tenancy	Reason for Leaving

EMPLOYMENT HISTORY. Additional employment history may be attached if necessary.

1.	
Head of Household Present Employer	Address
City, State, Zip	Phone
Length of Employment	Reason for Leaving?

2.	
Head of Household Previous Employer	Address
City, State, Zip	Phone
Length of Employment	Reason for Leaving?

How did you hear about ACCESS, Inc. Housing?

- Radio Social Service Agency: _____
 Classified Ad Word of mouth Other: _____

APPLICANT CERTIFICATION

I/we certify that if selected, the unit I/we occupy will be my/our only residence. I/we understand that the above information is being collected to determine my/our eligibility. I/we authorize the owner/manager to verify all information provided on this application and to contact previous or current landlords, or other sources of credit and verification information, which may be released to appropriate Federal, State, or local agencies. I/we certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/we understand that false statements or information are punishable under Federal Law.

Signature of Head of Household	Date
Signature of Spouse/Co-Head of Household	Date
Signature of Owner or Owner's Agent	Date