



ACCESS Housing Dept.  
 P.O. Box 4666  
 Medford, OR 97501

**APPLICATION FOR ADMISSION AND RENTAL ASSISTANCE  
 CATALPA SHADE APARTMENTS**

**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	Birthdate	Age	Sex	SS#
	Head of Household				

2. Is the Head of Household a US Citizen?  Yes  No

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

- American Indian or Alaska Native  
  Asian  
  Black or African American  
  White  
 Native Hawaiian or Other Pacific Islander  
 American Indian or Alaska Native and White  
 Asian and White  
 Black or African American and White  
 American Indian or Alaska Native and Black or African American  
 Other multiple race combinations greater than one percent (please list): \_\_\_\_\_  
 \_\_\_\_\_



4. Ethnicity of Head of Household (for statistical purposes only)  Hispanic  Non-Hispanic
5. Does anyone live with you now that is not listed above?  Yes  No
6. Do you expect a change in your household composition?  Yes  No
- Explain if you answered yes to either question #5 or #6: \_\_\_\_\_.
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7. Is the head of household or spouse disabled?  Yes  No
8. Please identify any special housing needs of anyone in the household. \_\_\_\_\_.
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**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

**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 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?



**1. List all income received by every member of the household.**

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

**2. List all checking and savings accounts** Including IRAs, Keogh accounts, and Certificates of Deposit, of all household members.

Members Full Name	Bank Name	Type of Account	Account Number	Balance

**3. List all stocks, bonds, trusts, pensions or other assets and their value owned by any household member:** \_\_\_\_\_.

\_\_\_\_\_.

\_\_\_\_\_.

**4. List any assets disposed of for less than their fair market value during the past two years:** \_\_\_\_\_.

\_\_\_\_\_.

**EXPENSES**

1. Do you pay for care of a child age 12 or younger that permits you or someone in your household to work?  Yes  No.

-If yes, please provide the name, address and telephone number of the care provider along with the weekly cost.

Name	Address	Phone	Weekly Cost

2. Do you pay a care attendant for any equipment for any disabled household member(s) necessary to permit someone in the household to work?  Yes  No.

-If you do pay a care attendant, please provide their name, address, and telephone number of the care provider along with the cost of the care attendant and/or equipment.

Name	Address	Phone	Cost



**QUESTIONS 3, 4 and 5: ONLY DISABLED FAMILIES NEED TO ANSWER**

3. Do you have Medicare?  Yes  No If yes, what is your monthly premium?

4. Do you have any other medical insurance?  Yes  No. If yes, provide the following carrier information:

Name	Address	Policy #	Premium

5. Do you have any unpaid medical bills?  Yes  No If yes, list them here: \_\_\_\_\_.

\_\_\_\_\_.

\_\_\_\_\_.

6. What medical expenses do you expect to incur in the next twelve months? \_\_\_\_\_.

\_\_\_\_\_.

\_\_\_\_\_.

7. If you use the same pharmacy regularly, please provide the name and address: \_\_\_\_\_.

\_\_\_\_\_.

\_\_\_\_\_.

**PREVIOUS RENTAL HISTORY**

A minimum of 12 months rental history is required in order for an 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.

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



3.

Present 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.

Spouse/Co-head Present Employer	Address
City, State, Zip	Phone
Length of employment	Reason for Leaving?

How did you hear about ACCESS, Inc. Housing?

Radio    Classified Ad    Word of mouth    Social Service Agency: \_\_\_\_\_.

Other: \_\_\_\_\_.



**APPLICANT CERTIFICATION**

I/we certify that if selected to receive assistance, 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/manage/PHA to verify all information provided on this application, and to contact previous or current landlords or other sources of credit, and third party verifications, 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

**Comments:**

