



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

APPLICATION FOR ADMISSION

<p>WOODROW PINES</p> <p><input type="checkbox"/> House <input type="checkbox"/> Apartment</p> <p>Please check which type of unit you are applying for.</p>
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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

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				

Race of Head of Household (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 race combinations greater than one percent (Please list): _____

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

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

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

Explain if you answered yes to either question _____

INCOME AND ASSET INFORMATION

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

Yes No

- Work full-time, part-time or seasonally?
- Expect to work for any period of time during the next year?
- Work for someone who pays **in** cash?
- Expect a leave of absence from work due to lay-off, medical, maternity or military leave?
- Now receive or expect to receive unemployment benefits?
- Now receive or expect to receive child support?
- Entitled to child support that he/she is not now receiving?
- Now receive or expect to receive alimony?
- Have entitlement to alimony that is not currently being received?
- Now receive or expect to receive public assistance (TANF)?
- Now receive or expect to receive Social Security or Disability benefits?
- Now receive or expect to receive income from a pension or annuity?
- Now receive or expect to receive regular contributions from organizations or from individuals not living in the unit?
- 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?
- Own real estate or any asset for which you receive no income (checking account, cash)?
- 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:

EXPENSES

Do you pay for care of a child aged 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 and the weekly cost.

Name	Address	Phone	Weekly Cost
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Do you pay a care attendant or for any equipment for any disabled household member(s) necessary to permit that person or someone else in the household to work? Yes No. If "Yes", provide the name, address, and telephone number of the care provider along with the cost of the care attendant and/or equipment.

Name	Address	Phone	Cost
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Only disabled families need to answer questions "A", "B" and "C" in this section

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

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

Name	Address	Policy #	Premium
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C. Do you have outstanding medical bills? Yes No. If yes, list them here:

What medical expenses do you expect to incur in the next twelve months?

If you use the same pharmacy regularly, please provide the name and address:

HOMELESS

If you meet the definition of homeless, as defined on pages 2 and 3 of the Tenant Selection Criteria, list any shelters or transitional housing you may have stayed at within the last 30 days, then skip to *Section C: Employment History*.

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?

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?

How did you hear about ACCESS, Inc. Housing? Radio Classified Ad
 Word of Mouth Internet Social Service Agency: _____
 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