



Mercy Housing

MERCY SERVICES CORPORATION
INFORMATION SUMMARY

<u>For Office Use Only</u>	
Date/Time and Initial Application	
Date Received:	_____
Time Received:	_____
Received by:	_____

*Please provide the following information for all persons that will live in the household:
ALL AREAS MUST BE COMPLETED – PUT "N/A" IF NOT APPLICABLE*

Date of Application: _____	Unit Size Needed: _____
Applicant Name: _____	Co-Applicant Name: _____
Applicant SS#: _____	Co-Applicant SS#: _____
Applicant Date of Birth: _____	Co-Applicant Date of Birth: _____
Gender/Sex: _____	Gender/Sex: _____
Applicant Race*: _____ ; Ethnicity*: _____	Co-Applicant Race*: _____ ; Ethnicity*: _____

*Race: American Indian/Alaska Native Asian African American/Black Native Hawaiian/Other Pacific Islander White Other: _____
*Ethnicity: Hispanic/Latino or Not-Hispanic/Latino

PLEASE NOTE:

This information is requested by the apartment owner in order to assure the Federal Government, acting through federal, state and local agencies that Federal Laws prohibiting discrimination against resident applicants on the basis of race, national origin, and sex, are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race/national origin and sex of individual applicants on the basis of visual observation or surname.

HOUSING APPLICATION

NOTICE: The information you provide on this application will be treated as confidential. This application gives no lease or rental rights. It includes both information necessary for determining your eligibility for housing and information required for statistical purposes. If you and your household appear to be eligible, you will need to submit additional information to complete the processing of this application.

Please answer each question by filling in the blank spaces provided. Answer each question as completely as possible. **All information you provide will be verified by Mercy Services Corporation.** Incomplete and/or falsified information will cause the application to be denied and not processed.

For Marketing purposes, please let us know how you heard of us:

Newspaper Ad
 Drove by
 Resident Referral
 Web Site
 Other: _____

GENERAL INFORMATION

	<u>Applicant</u>	<u>Co-Applicant</u>
Name (Last,First, MI):		
Address:		
City, State, Zip:		
County:		
Home Phone:		
Work Phone:		
Message Phone:		
Marital Status: (Single, Separated, Married, Divorced, Widowed)		

Applicant

Co-Applicant

- Yes No Yes No Are you a student enrolled in an institute of higher education?
- Yes No Yes No Do you anticipate a change in household composition (i.e., addition of adult household member, household member moving out, birth or adoption of child, etc.) in the next twelve months?
- Yes No Yes No Have you or any household member disposed of, sold, donated, or gifted any assets (including cash) for less than fair market value during the last two (2) years?
- Yes No Yes No Have you ever been convicted of a felony or do you have a criminal history? If yes, when and what were the circumstances? _____

- Yes No Yes No Do you or a household member require a special accommodation in your unit?
- Yes No Yes No Do you or any household member currently engage in the illegal use of drugs or your/their behavior from this illegal use interferes with the health, safety, and right to peaceful enjoyment of the property by other residents?
- Yes No Yes No Have you been evicted in the last three years from federally-assisted housing for drug-related criminal activity?
- Yes No Yes No Have you or anyone in your household's behavior, from abuse or pattern of abuse of alcohol, interfered with the health, safety, and right to peaceful enjoyment by other residents?
- Yes No Yes No Are you or anyone in your household subject to a nationwide Sexual Offender's Registration?
- Yes No Yes No Will this apartment be your sole place of residency?
- Yes No Yes No Have you been involuntarily displaced by Government Action or Natural Disaster?

If disabled or ill, do you pay for a live-in attendant? Yes No
If yes, please give name of attendant and name of physician who ordered.

Name of Attendant

Name and Phone Number of Physician

EMPLOYMENT STATUS

	<u>Applicant</u>	<u>Co-Applicant</u>
Are you currently employed?		
Have you received a lay-off notice?		
What is your occupation?		
Current/Last wage?		
If unemployed, last day worked?		

INCOME/CASH BENEFITS

