

**APPLICATION FOR ADMISSION AND RENTAL ASSISTANCE**

**SPRING GARDENS APARTMENTS 1**

**201 Spring Gardens Road Birmingham, AL. 35217**

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**DATE:** \_\_\_\_\_

**TIME:** \_\_\_\_\_

**APPLICANT NAME** \_\_\_\_\_

**CURRENT ADDRESS** \_\_\_\_\_

**CITY, STATE, ZIP CODE** \_\_\_\_\_

**HOME PHONE** \_\_\_\_\_ **OTHER NO.** \_\_\_\_\_

**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.

MEMBER'S FULL NAME	MEMBER NO #	RELATION TO HEAD OF HOUSE	BIRTH DATE	AGE	SEX	SOCIAL SECURITY NUMBER
SELF	1	SELF				

2. Race of Head of Household: (check one) (For statistical purpose only.)  
White                  Black                  American Indian /Alaskan Native Asian/Pacific Islander

3. Ethnicity of Head of Household: (check one) (For statistical purposes only.)  
Hispanic                                  Non-hispanic

4. Attending a post secondary institution of learning?                                  YES                                  NO

5. Does anyone live with you now who is not listed above?                                  YES                                  NO

6. Do you or any member of your family claim any type disability for the purpose of allowances and deductions?                                  YES                                  NO

7. Do you or any member of your family require any type modification to the housing unit as an accommodation for a person with a disability?                                  YES                                  NO

Please explain \_\_\_\_\_

\_\_\_\_\_

8. Are you now living in a federally subsidized housing unit?                                  YES                                  NO

Name of Community: \_\_\_\_\_

Name and Phone Number of Manager: \_\_\_\_\_

**ASSETS**

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

MEMBER NO.	BANK NAME	TYPE OF ACCOUNT	ACCOUNT NUMBER	BALANCE

2. List the value of all stocks, bonds, trusts, pensions, or other assets owned by any household member.

ASSETS	VALUE

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

ASSETS	VALUE

**EXPENSE: FOR THE PURPOSE OF MEDICAL DEDUCT**

1. Do you pay a care attendant or for any equipment for a handicapped or disabled household member(s) in order for that person or someone else in the household to work? (If you pay a care attendant, provide their name, address, and telephone number.) YES NO

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2. What is the cost to you for the care attendant / the equipment?

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**Elderly Families Only**

1. Do you have Medicare? If yes, what is your monthly premium? YES NO  
\$\_\_\_\_\_.

2. Do you have any other kind of medical insurance? YES NO  
(If yes, provide the name and address of carrier, policy number, and  
premium amount). \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Do you have any outstanding medical bills? If yes, list them below. YES NO  
\_\_\_\_\_  
\_\_\_\_\_

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

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

Please provide the name, address, and phone number of two personal references. You may provide  
the next of kin or someone who knows you well.

1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **PREVIOUS RENTAL HISTORY**

Name and address of your present landlord:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **EMERGENCY CONTACTS**

Name and address of nearest relative NOT living with you:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

relationship: \_\_\_\_\_  
telephone #: \_\_\_\_\_

Name and address of person to be contacted if you become incapacitated:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

relationship: \_\_\_\_\_  
telephone #: \_\_\_\_\_

## **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 / manager / PHA 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 applications 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. I / We understand the income limits established and have furnished all asset information required for all adult members of the household.

Signature of Head \_\_\_\_\_ Date \_\_\_\_\_

Signature of Spouse / Co-Head \_\_\_\_\_ Date \_\_\_\_\_

Owner/Manager/PHA Representative \_\_\_\_\_ Date \_\_\_\_\_

### **Application Assistance Statement:**

**IF YOU HAVE A DISABILITY, OR HAVE DIFFICULTY COMPLETING THIS APPLICATION, PLEASE ADVISE US OF YOUR NEEDS WHEN YOU RECEIVE THE APPLICATION OR CALL US TO SCHEDULE ASSISTANCE. OUR PHONE NUMBER IS 841-5032. CALL BETWEEN THE HOURS OF 7:00AM AND 5:00 PM, MONDAY-FRIDAY. APPROPRIATE ASSISTANCE WILL BE PROVIDED IN A CONFIDENTIAL MANNER AND SETTING.**

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