



CATHOLIC HOUSING MANAGEMENT

ST. JOSEPH MANOR
II
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****THIS IS A NON-SMOKING HOUSING FACILITY****

Preliminary Application Information for Waiting List

<i>For Office Use Only</i>	
<i>Date Received:</i>	
<i>Time Received:</i>	
<i>Person Receiving:</i>	
<i>() TC 60%</i>	
<i>() TC 60% - Accessible Unit</i>	

Date of Application: _____

Name of Applicant: _____

Address: _____

Soc. Sec. No.: _____

Date of Birth: _____

Telephone Contact Information:

Home: _____

Work: _____

Friend/Relative: _____

U.S. Citizen: Yes: No:

Legal Alien: Yes: No:

Total household Income:

Social Security: \$ _____

Pensions: \$ _____

Work & Others: \$ _____

Applying for: 1-Bedroom

Name of Co-applicant: _____

Relationship to Applicant: Spouse Other

Social Security No.: _____

Date of Birth: _____

*Please include your income under Total household income.

Applicant:

Ethnicity: Hispanic: Non-Hispanic:

Race: White: Black:

American Indian/Alaskan Native:

Asian/Pacific Islander:

Co-Applicant:

Ethnicity: Hispanic: Non-Hispanic:

Race: White: Black:

American Indian/Alaskan Native:

Asian/Pacific Islander:

Assets:

Savings Acct.: Yes: No:

Checking Acct.: Yes: No:

Bonds: Yes: No:

Other: Yes: No:

If you have a disability, identify any special housing needs required: _____

Are you mobility impaired? _____

Is there anyone in the household who is a student? _____

Do you have a Section 8 voucher or any other type of housing assistance? _____

Any false or withheld information is considered fraud and may be considered grounds for rejection of your application or eviction.

Comments: _____

Date

Applicant Signature

Date

Co-Applicant Signature