Studio 1 Bedroom 2 Bedroom 3 Bedroom 4 Bedroom	**Office Use Only**	Received Date: Time: Initials: Prospect #: Unit #:					
PRELIMINARY APPLICATION (Program Properties)							
Applicant's Name:	Return to:						
In Care Of (optional):							
Mailing Address <sup>(1)</sup> :							
		/ TTY 711					
Home Phone:							
Cell Phone:							
Message Phone:							
Email Address:	(1)If you are currently home	less, please list a mailing address of a family accept mail on your behalf.					
incomplete, or misleading in blank.  It is your responsibility to no contact information, family a Rental Application.  It is your responsibility to contact information.  It is your responsibility to contact information in the Ward applicant on the Ward This property does not discriminate employment in, its federally assist Tucker, at 2929 3rd Avenue North TTY 711 for assistance. Langual Intérpretes de la lengual y docume upon request.	nation on the Preliminary Application be leaformation will cause us to reject your application with any of the information contains it is in the advantage of the basis of disability status	ication. <b>Do not leave any sections</b> ined in this application changes (i.e., so may result in the rejection of your you about scheduling the Application within this timeframe, we will move to mission or access to, or treatment or contact our 504 Coordinator, Dustin Dtamarackpm.com; (406) 252-3773 / ments are available upon request. ión. Alternate formats are available					
	Apartment Sizes <sup>(1)</sup> / Occupancy S	Standards					
1 <sup>st</sup> Preference:	Studio (1-3 household me. 1 Bedroom (1-3 household me.	•					
2 <sup>nd</sup> Preference:	2 Bedroom (1-5 household me	mbers)					
3 <sup>rd</sup> Preference:	3 Bedroom (1-7 household me 4 Bedroom (1-9 household me	•					
(1) Be advised that not all apartment size apartment sizes or view floorplans on our p	es listed may be available at this property. Please	•					
When would you like to move	in?						
How did you hear about the proper							







### **Household Information**

List all individuals that are applying to live in this apartment.

Exclude live-in aides / attendants (they will be added at move-in). (1) Response Optional Is the Individual: **US Military Veteran (Y/N)** Gender<sup>1</sup> Aliases A Student (Y/N) Disabled (Y/N)1 M/F/P Maiden Α Social Relationship Date Name to Head of P=Prefer / other of Security g First, Middle Initial, Last Household legal **Birth** Number not to е disclose names Self

#### **Household Income**

Please disclose all gross income & benefits (amount before deductions) received by members of your household on a recurring basis.

Employment wages & tips, SSA benefits, rental income, pensions, Income sources to consider: unemployment, recurring gifts, income from assets, etc.

Household Member	Income or Benefit Source Name	Amount Received (before deductions)		Frequency (hourly, weekly, bi- weekly, semi- monthly, monthly, etc.)	Total Annual Income
		\$	Per		
		\$	Per		
		\$	Per		
		\$	Per		
		\$	Per		
		\$	Per		
		\$	Per		
		\$	Per		
		\$	Per		
		\$	Per		

This institution is an equal opportunity provider





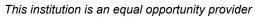


# **Preliminary Application Questions:**

Yes	No				
		Do you anticipate any changes to the number of people that will be living in your household?			
		If yes, please explain:			
		Do you or any household member need the features of an apartment home adapted for			
		wheelchair use or sensory impairments?  If yes, select type:  Mobility Accessible  Vision Accessible  Hearing Accessible			
		Do you or any household member have special housing needs or need a reasonable accommodation or modification to live here? Examples might be a live-in aide, assistance animal or grab bar. If yes, complete the following:			
		Member Name:			
		Describe What Is Needed:			
		Have you been displaced from your previous home due to government action or a presidentially declared disaster?			
		(If you mark yes, please be prepared to provide a written statement or certificate of displacement by the appropriate governmental authority.)			
		Do you require rental assistance in order to live at this property (if available)? If you mark "no" we will assume you want to be considered only for apartments with no rental assistance.			
		Do you have a voucher (i.e., rental assistance through a Housing Authority or similar agency) that you would like to use at this property? Note: if this property is 100% rent assisted by HUD or RD, we cannot accept your voucher.			
		Is any member of your household subject to state lifetime sex offender registration in any state?			
		Note: We are required by HUD and company policy to perform criminal background checks during the application stage to determine if any member of your household, including live-in aides/attendants, is subject to a lifetime registration requirement under any State sex offender registration program, or is otherwise ineligible under our Resident Selection Plan. Failure to respond accurately to questions regarding your criminal record during the application process may jeopardize approval of your application and after move-in, continued assistance and/or occupancy. Having a criminal record does not necessarily mean that you or your household will be disqualified, but you should be prepared to provide documentation regarding your criminal record and/or pending charges to assist in processing your application expediently. Criminal background checks must be performed in this state and in all states where all adult household members have resided.			







## Statements by all Household Members

Applicant represents the above statements are true and correct. Applicant authorizes verification of the above information including but not limited to references, criminal history, credit records, civil court records and income & asset information through third party sources; releases from liability all persons and entities requesting or supplying information; and acknowledges this information may be released to appropriate Federal, state, or local agencies. Applicant acknowledges that false, incomplete, or misleading information constitutes grounds for rejection of this application; and discovery of false, incomplete, or misleading information discovered after occupancy may result in termination of the right of occupancy of all occupants. Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to willfully falsify a material fact or make false statement in any matter within the jurisdiction of a federal agency.

Applicant has reviewed the Resident Selection Plan, which summarizes the procedures for processing applications, and understand it is available upon request. Applicant understand that they must notify management in writing if there are any changes in household address, telephone numbers, income and household composition and must respond to Waiting List update requests to remain on the Waiting List.

We are using this brief form of application to gather the minimum information needed to determine if the applicant should be put on the waiting list. Applicant's position on the waiting list may change depending upon the preferences that other households may qualify for. Applicant can find the most up to date status of their waiting list application by calling our office or logging into the online portal.

If apartments are available (or will be soon), we must collect more detailed information from Applicant during the Application Interview and verify all information. Please be aware that if Applicant is placed on the waiting list, it does not indicate that Applicant is eligible to receiving housing at this property. Only after all required information has been received and verified can we make an eligibility determination. Failure to remain eligible as determined by the Resident Selection Plan will result in us rejecting Applicant's application.

Applicant acknowledges by providing an email address, applicant authorizes management to communicate about this Preliminary Application and related documents and/or processes via email.

Signature – Household Member	Date	Signature – Household Member	Date
Signature – Household Member	Date	Signature – Household Member	Date

# Attachment(s):

Supplement to Application for Housing Household Demographics





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