



PRE HOUSING APPLICATION

PLEASE PRINT. PLEASE ANSWER ALL QUESTIONS. Do not leave any space or blanks, write "NO or N/A" where appropriate.

Applicant Name: _____

Phone: _____

Email: _____

Current Mailing Address: _____

Please complete the following questions:

1. Would you benefit from a handicapped-accessible unit? If yes, explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Would you benefit from any other special living accommodations? If yes, explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Income and Assets

Total Monthly household Income: \$ _____ Value of household assets: (assets include bank accounts, cash, retirement, etc.) \$ _____	Income Source(s): Check all that apply <input type="checkbox"/> Wages <input type="checkbox"/> SSI/SSDI <input type="checkbox"/> VA Benefit <input type="checkbox"/> Other: _____	Asset Source(s): Check all that apply: <input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account <input type="checkbox"/> Prepaid Debit Card <input type="checkbox"/> Cash <input type="checkbox"/> Pension/IRA/Retirement <input type="checkbox"/> Other: _____
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APPLICANT RESPONSIBILITIES:

It will be your responsibility to provide management will all the necessary information to properly process your application and in the future, to verify your on-going eligibility as required. If your pre-application is approved and an offer to rent is made you will be required to go through an income verification process. You will be asked to provide the names, addresses, phone number and fax numbers, account numbers (where applicable) and any other information that may be necessary in order to expedite the verification process.

Upon review of the information management receives, you will be provided with a separate verification form for each source that requires verification that you will need to sign and date. You will not be asked to sign a blanket verification form nor will you be asked to sign any blank verification forms.



Shelter House is a tax exempt 501(c)(3) organization. As a partner agency of the United Way of Johnson County, we have successfully met all local membership accountability standards in finance, ethics, governance, and diversity.





SIGNATURE: All Applicants must sign application

I understand that management is relying on this information to prove my eligibility which is required by the funding sources under which this property operates. I certify that all information and answers provided are true and complete to the best of my knowledge. I consent to release the necessary information to determine my eligibility. I further understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may also result in criminal penalties.

I consent to have management verify the information contained in this application for the purposes of proving my eligibility for occupancy. I also authorize (if required) management to perform a criminal background check for purposes of further proving my eligibility for occupancy. I will provide all necessary information and expedite this process in any way possible. I understand that my occupancy is also contingent on meeting management’s resident selection criteria.

Signature: _____ Date: _____



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