



Jefferson Place Housing Application

Name:
DOB: SS#:
Address:
Phone:

Do you have a disability or handicap? (Circle One) Yes No
Does your disability or handicap require you to need a wheel chair accessible unit? (Circle One) Yes No

Please answer YES or NO to the following questions. A YES answer to any of the following questions will not necessarily result in your being denied housing at Jefferson Place. However, if you answer YES to any of the questions below and you are accepted for occupancy, you will have to participate in a treatment program and stay drug and alcohol free.

- Have you in the past three years:
a. Been arrested for substance abuse and/or possession of drugs?
b. Been arrested for intoxication?
c. Received treatment either inpatient or outpatient for drugs and/or alcohol abuse? If yes, are you still in program?
d. Do you have an arrest record or conviction? (Circle One)

Do you currently have a temporary place to live?
Do you have a permanent place to live?
If you answered yes to either of the above questions, please give the landlord's name, address and phone number below:

Name:
Address:
Phone:

How much do you pay a month for:
Rent: \$
Heat: \$
Utilities: \$

List all sources and amounts of your income (per month):
Social Security: \$
Earned Income: \$
Pension: \$
Other: \$

If you are employed please provide the following information:
Name of Employer:
Address:
Hours worked per week: Hourly Rate: \$

Who do we contact in case of emergency?
Name: Relationship:
Phone:
Address:

Please note that this is a preliminary application and in no way does insure occupancy. Additional information will be requested to complete certifications prior to our offering you occupancy.

I certify that the statements made in this application are true and complete to the best of my knowledge and belief. I authorize Jefferson Place to verify all information provided on this application and to contact my landlord or other sources for credit and verification information which may be released to appropriate federal, state and local agencies. False statements on your application will result in denial of occupancy.

Signature of Applicant: Date:

Please attach additional comments to application.