

**APPLICATION FOR OCCUPANCY**  
**Property Name: Green Gables - Bond County Homes LP**

Office Use Only
Date _____
Time _____
Initial _____

Information is to be filled out by head of household.  
Please print in ink, answer NO or N/A where applicable, initial all corrections and do not use white out.  
Please complete all sections and sign the last page.

**APPLICANT INFORMATION**

Applicant's Name: \_\_\_\_\_  
Primary Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

**ADDRESS HISTORY**  
**\*\*3 years of location history must be provided\*\***  
**\*\*\* attach additional pages if necessary\*\*\***

Current Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Landlord/Owner Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Landlord/Owner Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Lived here from: \_\_\_\_\_ to: \_\_\_\_\_ Do you Rent? \_\_\_\_\_ or Own? \_\_\_\_\_  
Size of dwelling: \_\_\_\_\_ Bedrooms Are you sharing your dwelling? \_\_\_\_ Yes \_\_\_\_ No  
If Renting: Is your landlord a relative? \_\_\_\_ Yes \_\_\_\_ No Is the lease in your name? \_\_\_\_ Yes \_\_\_\_ No  
Do you pay your own rent/mortgage? \_\_\_\_ Yes \_\_\_\_ No If not, who does? \_\_\_\_\_  
Monthly Rent/Payment \$ \_\_\_\_\_ Avg. Utility Bill \$ \_\_\_\_\_ Does rent include heat? \_\_\_\_ Yes \_\_\_\_ No  
Reason for wanting to move. \_\_\_\_\_

Prior Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Landlord/Owner Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Landlord/Owner Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Lived here from: \_\_\_\_\_ to: \_\_\_\_\_ Did you Rent? \_\_\_\_\_ or Own? \_\_\_\_\_  
Size of dwelling: \_\_\_\_\_ Bedrooms Did you share your dwelling? \_\_\_\_ Yes \_\_\_\_ No  
Did you pay your own rent/mortgage? \_\_\_\_ Yes \_\_\_\_ No If not, who did? \_\_\_\_\_  
Monthly Rent/Payment \$ \_\_\_\_\_ Avg. Utility Bill \$ \_\_\_\_\_ Did rent include heat? \_\_\_\_ Yes \_\_\_\_ No  
Reason for wanting to move. \_\_\_\_\_

## HOUSEHOLD INFORMATION

**List all persons, including yourself, who will occupy the unit:**

Name	Relationship	M-Married D-Divorced S-Single L-Legal Separation E-Estranged W-Widow/er Marital Status	Gender M/F (Optional)	Birth Date	SSN	Student? (Y/N)
1.	HEAD					
2.						
3.						
4.						
5.						
6.						
7.						

Do you have full custody of all children listed above?       N/A       Yes       No

Are any of the household members listed above foster children or foster adults?       Yes       No

Do you expect any changes to the household in the next twelve months?       Yes       No

If yes, please explain: \_\_\_\_\_

Have you ever been married?       Yes       No

## HOUSEHOLD DEMOGRAPHICS

**Answering these questions is voluntary. Use the following codes to complete.**

HH Member	Race Code	Ethnicity Code	Disabled? Y/N
1			
2			
3			
4			
5			
6			
7			

Race Code	
1	White
2	Black/African American
3	American Indian/Alaska Native
4	Asian
5	Native Hawaiian/Pacific Islander
6	Other

Ethnicity Code	
1	Hispanic or Latino
2	Not Hispanic or Latino

**EMPLOYMENT INFORMATION**

**List all full- and/or part-time employment income for all household members. (Include self-employment gross earnings and net taxable earnings.) See below for non-employment sources of income. If no one in household is currently employed, please mark N/A in first box.**

Household Member Name	Occupation	Name/Address/Phone Of Employer	Date of Hire	Gross Earnings Before Taxes
				\$ Per
				\$ Per
				\$ Per
				\$ Per
				\$ Per

**INCOME FROM OTHER SOURCES**

**List all TANF, Social Security, SSI, pension, annuities, dividends, disability, unemployment compensation, self-employment, child support, alimony, rental income, military pay, etc. If no one in the household is currently receiving any income from other sources, please mark N/A in first box.**

Household Member Name	Type of Income	Amount
		\$ Per
		\$ Per
		\$ Per
		\$ Per
		\$ Per
		\$ Per

## ASSET INFORMATION

**List all assets for the household.**

**Mark Yes or No for each type of asset.**

**If Yes, fill in estimated value and contact information for each account.**

Type of Asset	Estimated Value	Source Contact for Verification
Checking Account <span style="float: right;">Y <input type="checkbox"/> N <input type="checkbox"/></span>	\$	Institution Name: Telephone:
Checking Account <span style="float: right;">Y <input type="checkbox"/> N <input type="checkbox"/></span>	\$	Institution Name: Telephone:
Savings Account <span style="float: right;">Y <input type="checkbox"/> N <input type="checkbox"/></span>	\$	Institution Name: Telephone:
Savings Account <span style="float: right;">Y <input type="checkbox"/> N <input type="checkbox"/></span>	\$	Institution Name: Telephone:
Debit Cards <span style="float: right;">Y <input type="checkbox"/> N <input type="checkbox"/></span> (Payroll, Child Support, Unemployment)	\$	Institution Name: Telephone:
Certificates of Deposit <span style="float: right;">Y <input type="checkbox"/> N <input type="checkbox"/></span>	\$	Institution Name: Telephone:
Money Market Funds <span style="float: right;">Y <input type="checkbox"/> N <input type="checkbox"/></span>	\$	Institution Name: Telephone:
Mutual Funds <span style="float: right;">Y <input type="checkbox"/> N <input type="checkbox"/></span>	\$	Institution Name: Telephone:
Stocks/Bonds <span style="float: right;">Y <input type="checkbox"/> N <input type="checkbox"/></span>	\$	Institution Name: Telephone:
IRA or 401K <span style="float: right;">Y <input type="checkbox"/> N <input type="checkbox"/></span>	\$	Institution Name: Telephone:
Life Insurance Policies <span style="float: right;">Y <input type="checkbox"/> N <input type="checkbox"/></span> (Whole or Universal Life)	\$	Institution Name: Telephone:
Trust Accounts <span style="float: right;">Y <input type="checkbox"/> N <input type="checkbox"/></span> If yes, is it revocable? <span style="float: right;">Y <input type="checkbox"/> N <input type="checkbox"/></span>	\$	Institution Name: Telephone:
Additional Accounts <span style="float: right;">Y <input type="checkbox"/> N <input type="checkbox"/></span>	\$	Institution Name: Telephone:

Does any member have personal property for investment? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain: \_\_\_\_\_

Do you own any real estate? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, what is the current value? \_\_\_\_\_

Have you ever owned real estate? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, list dates and sale price: \_\_\_\_\_

Has any adult family member disposed of any assets for less than fair market value in the last two years? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain: \_\_\_\_\_

**FULL-TIME STUDENT STATUS**

**List all persons in the household who are full-time students. If no one in the household is a full time student please mark N/A in the first box.**

Household Member Name	School Information (Name, Address and Phone)	Enrollment Period

**GENERAL QUESTIONNAIRE**

Has any adult member ever been evicted? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please list date: \_\_\_\_\_

Is any member of the household subject to a lifetime sex offender registration? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, who? \_\_\_\_\_ what state? \_\_\_\_\_ what year? \_\_\_\_\_

Has any adult member ever filed bankruptcy? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please list date: \_\_\_\_\_

Has any adult member ever had felony or misdemeanor convictions? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain: \_\_\_\_\_

Do you have any pets? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please list type and breed: \_\_\_\_\_

Are there any outstanding debts? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please list payment terms: \_\_\_\_\_

Do you own a car? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please list make and model: \_\_\_\_\_

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I DECLARE THAT THE STATEMENTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. **WARNING: MISLEADING, WILLFUL FALSE STATEMENTS, MISREPRESENTATIONS, OR INCOMPLETE INFORMATION IN THIS APPLICATION WILL BE GROUNDS FOR REJECTION OF THIS APPLICATION.**

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\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Co-Head or Other Adult

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Other Adult

\_\_\_\_\_  
Date

**THE FILING OF THIS APPLICATION IN NO WAY GUARANTEES YOU A DWELLING UNIT.  
PLEASE DO NOT MAIL MORE THAN ONE APPLICATION PER FAMILY.**

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*Note: If you or anyone in your family is a person with disabilities, and you require specific accommodations in order to fully utilize our programs and services, please call the office.*

