

# Spencer Housing Authority - Printed Application

## Preferred Housing Selection \*

Marcap Manor

Ann Street Apartments

Sunset Apartments

## Applicant Information

### Applicant Name (Head of Household) \*

First Name

Last Name

### Home Address

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

### Mailing Address

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

### Home Phone Number

Area Code

### Cell Phone Number

Area Code

Phone Number

### Email Address

example@example.com

### Household residents

	Last Name	First Name	Middle Name	Date of Birth (mm/dd/yy)	Sex	Race	Student	Social Security Number	Relationship to Head of Household
Resident #1 (Head of Household)									
Resident #2									
Resident #3									
Resident #4									
Resident #5									
Resident #6									
Resident #7									
Resident #8									
Resident #9									

### Income Disclosure

	Resident Name	Source of Income	Monthly Amount
Resident Name 1			
Resident Name 2			
Resident Name 3			

Resident Name 4

## Landlord information

The following information will be used to contact your current or previous landlord for a reference.

**Will the information you are providing be for your current landlord or a previous landlord?**

### Landlord Name

First Name      Last Name

### Landlord Physical Address

Street Address

Street Address Line 2

City                      State / Province

Postal / Zip Code

### Landlord Phone Number

Area Code                      Phone Number

## Other Information

### Criminal Record \*

YES

NO

**Please explain the nature of the crime. Include the date convicted, file number, and county/state where the crime was committed.**

**Is any member of the household subject to a lifetime sex offender registration program in any state?**

- YES
- NO

**Please list any names any member of the household has used, including maiden names or any alias.**

**Handicap-accessibility: Do any member(s) of the household request a handicapped-accessible apartment?**

- YES
- NO

**Have you or anyone in your household ever been a tenant of any housing authority or any other federal housing programs?**

- YES
- NO

**Are you currently receiving housing assistance?**

- YES
- NO

**Have you or anyone in your household ever moved from a rental unit while still owing rent or been evicted from a rental unit?**

- YES
- NO

**Verifications and Signatures**

	Name	Signature	Date
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Adult resident 1

Adult resident 2

Adult resident 3

Adult resident 4

**Everyone 18 years of age or older in your household must complete the form below. By providing your electronic signature:**

Name	Date of birth	Social security number	Electronic signature
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Adult resident 1

Adult resident 2

Adult resident 3

Adult resident 4