

Turnstone Commons

WAITING LIST APPLICATION

APPLICANT NAME: _____ EMAIL: _____

CURRENT ADDRESS: _____ APT. NO: _____

CITY, STATE, ZIP CODE: _____

PHONE: _____ COUNTY: _____

HOUSEHOLD COMPOSITION AND CHARACTERISTICS

1. List the Head of Household and all other members who will be living in that unit. Give the relationship of each family member to the head.

	MEMBER'S FULL NAME	RELATION TO HEAD	BIRTH DATE	AGE	SEX	
H		self				

2. Does anyone live with you now; who is not listed above?

Yes No

3. Does anyone plan to live with you in the future who is not listed above?

Yes No

Explain if you answer yes to either question: _____

4. Please identify any special housing needs your household has. _____

5. Have you been evicted in the past 3 years? Yes No

If yes, provide the following information:

When? _____

For what reason? _____

Name of Housing Authority or owner _____

6. Have you ever been arrested for illegal use of a controlled substance or activities related to an abuse of alcohol? Yes No
 Have you been arrested on any other charges in the past 7 years? Yes No
7. Name and phone number of current landlord: _____
 _____ Phone: _____
8. Are you/ do you intend to be a student _____ Part/Full Time _____
9. Can you provide proof of citizenship or legal residency for all household members? Yes No
10. Are you or any applicant subject to a lifetime sex offender registration in any state? Yes No
11. Do you currently have a pet? Yes No Type and breed? _____

INCOME AND ASSET INFORMATION

Please answer each of the following questions. For each "Yes", provide details in the charts below.

Does any member of your household:

- | | | |
|-----|----|---|
| YES | NO | 1. Work full-time, part-time, or seasonally? |
| YES | NO | 2. Expect to work for any period during the next year? |
| YES | NO | 3. Work for someone who pays them cash? |
| YES | NO | 4. Expect a leave of absence from work due to lay-off, medical, maternity, or military leave? |
| YES | NO | 5. Now receive or expect to receive unemployment benefits? |
| YES | NO | 6. Now receive or expect to receive child support? |
| YES | NO | 7. Have an entitlement to receive child support that he/she is not now receiving? |
| YES | NO | 8. Now receive or expect to receive alimony? |
| YES | NO | 9. Have an entitlement to receive alimony that is not currently being received? |
| YES | NO | 10. Now receive or expect to receive public assistance (excluding SNAP)? |
| YES | NO | 11. Now receive or expect to receive Social Security benefits? |
| YES | NO | 12. Now receive or expect to receive income from a pension or annuity? |
| YES | NO | 13. Now receive or expect to receive regular contributions from organizations or from individuals not living in the unit? |

YES NO 14. Receive income from assets including interest on checking or savings accounts, interest, and dividends from certificates of deposit, stocks or bonds, or income from rental property?

YES NO 15. Own real estate or any assets for which you receive no income (checking account, cash)?

YES NO 16. Have you sold or given away real property or other assets (including cash) in the past two years?

MEMBER NO.	SOURCE OF INCOME/TYPE OF INCOME	ANNUAL INCOME

QUALIFYING DIAGNOSIS

Do you or anyone who will be living in the household have one of the following diagnoses? This is required for occupancy, and proof of diagnosis will be required prior to application approval.

Yes No

- Major Depressive Disorder, Bipolar Disorder, Anxiety disorder limited to Obsessive Compulsive Disorder and Post Traumatic Stress Disorder, Schizotypal Personality Disorder, Borderline Personality Disorder, and Schizophrenia and other psychotic disorders.

ALL FAMILIES List names, addresses, and phone numbers of two relatives or friends who generally know how to contact you.

1. _____ 2. _____

APPLICATION CERTIFICATION

I/We certify that the information given to Tillamook Supportive Housing on the household composition, income, net family assets, and allowance and deductions is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal law. *I/We also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy.

Signature of Head: _____ Date: _____

Representative: _____ Date: _____

NOTE TO APPLICANTS: If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National Toll-free Hot Line at (800) 424-8590.

FOR OFFICE USE ONLY:

Date: _____

Time: _____

Initials: _____