



Terrace Gardens
85 West Church Street
Newark, OH 43055
(740) 349-9260 FAX (740) 345-7781

PRELIMINARY TENANT APPLICATION

NUMBER _____ TIME _____ AM/PM #OF BEDROOMS 1

Will you need any special assistance completing the application process? Yes _____ No _____
If yes please inform the receptionist.

Both sides of this application must be filled out completely. If you have any questions please ask for assistance. Assistance will be provided in a confidential setting.

Name: _____ Maiden Name: _____

Street Address: _____ Apt # _____

Mailing Address if different from above: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (____) _____ Alternate Phone: (____) _____

ALTERNATE CONTACT

Name: _____ Relationship: _____

Street Address: _____



Are you age 50 or older? Yes: _____ No: _____

Are you currently active in the Armed Services? Yes: _____ No: _____

Are you a Veteran? Yes: _____ No: _____

Are you the spouse of a deceased Veteran? Yes: _____ No: _____

Are you currently living in subsidized housing? Yes: _____ No: _____

Do you feel your current home is: STANDARD _____ BELOW STANDARD _____

Are you currently homeless? Yes: _____ No: _____

Have you ever applied for or participated in a rental assistance program? Yes: _____ No: _____

If yes, under what name? _____

THE FOLLOWING INFORMATION IS REQUIRED FOR STATISTICAL PURPOSES SO THE DEPARTMENT OF HUD MAY DETERMINE THE DEGREE TO WHICH ITS PROGRAMS ARE UTILIZED BY MINORITY FAMILIES.

RACIAL GROUP IDENTIFICATION (USED FOR STATISTICAL PURPOSES ONLY.)

WHITE _____ BLACK _____ AMERICAN INDIAN _____
SPANISH AMERICAN _____ ORIENTAL _____ OTHER _____

LIST ALL PERSONS WHO WILL LIVE IN THE RENTAL UNIT WHILE YOU ARE ON THIS PROGRAM.

FULL NAME (INCLUDING MIDDLE INITIAL)

1. _____ RELATIONSHIP _____ SEX: M _____ F _____

City and state of birth: _____ Social Security Number: _____ - _____ - _____

Date of Birth ____ / ____ / ____ Disabled: Yes: ____ No: ____ Age: _____

FULL NAME (INCLUDING MIDDLE INITIAL)

2. _____ RELATIONSHIP _____ SEX: M _____ F _____

City and state of birth: _____ Social Security Number: _____ - _____ - _____

Date of Birth ____ / ____ / ____ Disabled: Yes: ____ No: ____ Age: _____

INCOME: Please list all sources of income for the household.

Name of household member	Source	Amount	Check is drawn under
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ALL APPLICATION INFORMATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE BY SIGNING THIS FORM I GIVE PERMISSION TO THE LMHA TO CONDUCT A CRIMINAL BACKGROUND, AND CREDIT CHECK ON THE PARTIES LISTED ON THIS APPLICATION.

Signature: _____ Date: _____

PHA Representative: _____ Date: _____

NAME OF PERSON COMPLETING THIS APPLICATION IF DEFFERENT FROM APPLICANT

Name: _____ Relationship to applicant _____ Date: _____