

**Assisted Housing Complexes  
 Managed by Human Resource Development & Employment, Inc.  
 Application Processing Form**

Site: \_\_\_\_\_ Bedroom Size: \_\_\_\_\_ Accessible Unit Needed: Y N

Applicant Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_

<u>Contact via:</u>		<u>Notes:</u>	<u>Initials:</u>
1. Telephone	Date: _____ Time: _____	_____	_____
	Date: _____ Time: _____	_____	_____
	Date: _____ Time: _____	_____	_____
2. Office Visit	Date: _____ Time: _____	_____	_____
	Date: _____ Time: _____	_____	_____
3. Letter	Date: _____ Time: _____	_____	_____

**Wait List Info:** Pre-Application Received Date: \_\_\_\_\_ Move-In Date: \_\_\_\_\_  
 Rejection Letter Date: \_\_\_\_\_ Inactive Date: \_\_\_\_\_

**Circle Needed Info/Mark Line Through Info Received**

***Income:***      *Social Security*      *SSI*      *Pension*      *Employment*      *Child Support*  
                          *TANF*              *Alimony*      *Annuity*      *No Income*      *Other*

***Assets:***      *Checking*      *Savings*      *CD*      *Property*      *Life Insurance*  
                          *Stock/Bonds*      *Other*

***Medical Expenses: (Seniors/Disabled)***      *Prescriptions*      *Medicare*      *Insurance*  
    *Physician*      *Other*

***Expenses: (Families)***      *Child Care*

***Birth Certificate***      ***Social Security Card***      ***Photo ID***      ***Landlord Verification***

***Credit Check***      ***Criminal Check***      ***NSOPR***      ***Existing Tenant Search***

***811-Disability Verification***

