

Jefferson Place Housing Application

Name: _____ SS.# _____
Address: _____
Phone: _____ Birth Date _____

Do you have a disability or handicap? (circle one) Yes No
Does your handicap or disability require you to need a wheel chair accessible unit? (circle one) Yes No

Please answer yes or no to the following questions. A yes answer to any of the following questions will not necessarily result in your being denied housing at Jefferson Place. However, if you answer yes to any of the questions below and you are accepted for occupancy you will have to participate in a treatment program and stay drug and alcohol free.

Have you in the past three years:
a. Been arrested for substance abuse and/or possession of drugs? _____
b. Been arrested for intoxication? _____
c. Received treatment either in patient or out patient for drug and/or alcohol abuse? _____ If yes, are you still in a program? _____
Do you have an arrest record or conviction? (circle one) Yes No

Do you currently have a temporary place to live? Yes No
Do you have a permanent place to live? Yes No
If yes, please give the landlord's name, address and phone number below.

Name: _____ Phone: _____
Address: _____

How much do you pay a month for:
Rent _____
Heat _____
Utilities _____

List all sources and amounts of your income (per month).
Social security _____
Work _____
Pension _____
Other _____

If you are employed please provide the following information.
Name of employer: _____
Address: _____
Hours worked per week: _____ Hourly Rate: _____

Who do we contact in case of emergency?
Name _____ Phone number _____
Address _____
Relationship to applicant _____

❖ Please note that this a preliminary application and in no way does it insure occupancy. Additional information will be requested to complete certifications prior to our offering you occupancy.

I certify that the statements made in this application are true and complete to the best of my knowledge and belief. I authorize Jefferson Place to verify all information provided on this application and to contact my landlord or other sources for credit and verification information which may be released to appropriate federal, state and local agencies. False statements on your application will result in denial of occupancy.

Signature of applicant: _____ Date: _____

Please attach additional comments to application.