

HOUSING APPLICATION

APPLICANT INFORMATION

Name:			
Previous Names:	Phone:	Mobile:	
Date of birth:	SSN:	Citizenship:	
Driver's License #:	Exp:	State:	Email:

SPOUSE/ROOMMATE INFORMATION (IF APPLICABLE)

Name:		
Date of birth:	SSN:	Driver's License #:
Name:		
Date of birth:	SSN:	Driver's License #:
Name:		
Date of birth:	SSN:	Driver's License #:

RENTAL HISTORY

When are you hoping to move in?			
1	Current address:		
	City:	State:	ZIP Code:
	Monthly payment/rent:	From: To:	How long?
	Landlord Name:		Landlord Phone:
	Reason for moving:		
2	Rental address:		
	City:	State:	ZIP Code:
	Monthly payment/rent:	From: To:	How long?
	Landlord Name:		Landlord Phone:
	Reason for moving:		
3	Rental address:		
	City:	State:	ZIP Code:
	Monthly payment/rent:	From: To:	How long?
	Landlord Name:		Landlord Phone:
	Reason for moving:		

EMPLOYMENT INFORMATION

Current employer:			
Employer address:			
City:	State:	ZIP Code:	
Phone:	How long?	Hourly	Salary <i>(Please circle)</i>

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Position:	Monthly income:	Annual income:
Other income. Please describe:		

SPOUSE/ROOMMATE EMPLOYMENT INFORMATION (IF APPLICABLE)

Current employer:		
Employer address:		
City:	State:	ZIP Code:
Phone:	How long?	Hourly Salary <i>(Please circle)</i>
Position:	Monthly income:	Annual income:
Other income. Please describe:		

ASSET INFORMATION

Checking account:	Bank:
Name on account:	Account #:
Savings account:	Bank:
Name on account:	Account #:
Other assets. Please describe:	

VOUCHER ASSISTANCE INFORMATION

Do you have voucher assistance? NO <input type="checkbox"/> YES <input type="checkbox"/>
If YES, with which organization: AHFC <input type="checkbox"/> KIHA <input type="checkbox"/>

VEHICLE INFORMATION

Make:	Model:	Year:	License:
Make:	Model:	Year:	License:
Insurance: NO <input type="checkbox"/> YES <input type="checkbox"/>	Insurance Co:	Policy #:	Exp Date:

EMERGENCY CONTACT

1	Name of a relative not residing with you:		
	Address:		
	City:	Phone:	Mobile:
	Relationship:	State:	ZIP Code:
2	Name of a relative not residing with you:		
	Address:		
	City:	Phone:	Mobile:
	Relationship:	State:	ZIP Code:

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APPLICANT QUESTIONNAIRE

Have you or spouse/roommate ever been convicted?	NO <input type="checkbox"/> YES <input type="checkbox"/>
Have you or spouse/co-tenant ever been involved in or arrested for any violent criminal activities committed against another person or another person's property (including current involvement)?	NO <input type="checkbox"/> YES <input type="checkbox"/>
Have you or your spouse/co-tenant illegally used, possessed or sold any drugs (controlled substance) or been arrested for any drug-related criminal activity (including current involvement)?	NO <input type="checkbox"/> YES <input type="checkbox"/>
Have you or your spouse/co-tenant ever been convicted of a felony?	NO <input type="checkbox"/> YES <input type="checkbox"/>
Have you or your spouse/co-tenant ever been convicted of manufacturing or producing methamphetamine (speed)?	NO <input type="checkbox"/> YES <input type="checkbox"/>
Have you or your spouse/co-tenant ever been subject to a lifetime registration on a sex offender list?	NO <input type="checkbox"/> YES <input type="checkbox"/>
Have you or your spouse/co-tenant ever been evicted for disturbing neighbors or property destruction?	NO <input type="checkbox"/> YES <input type="checkbox"/>
Have you or your spouse/co-tenant ever been evicted for non-payment of rent?	NO <input type="checkbox"/> YES <input type="checkbox"/>
Have you or your spouse/co-tenant abused the use of alcohol (frequently) within the last three years (including current abuse)?	NO <input type="checkbox"/> YES <input type="checkbox"/>
Have you or your spouse/co-tenant violated a condition of probation or parole imposed under federal or state law or is fleeing to avoid prosecution, or custody or confinement after conviction for a felony?	NO <input type="checkbox"/> YES <input type="checkbox"/>
Have you or your spouse/co-tenant ever been involved in a domestic disturbance in any capacity?	NO <input type="checkbox"/> YES <input type="checkbox"/>

If you answered "YES" to any of the questions above please explain:

RELEASE OF INFORMATION

I authorize the release of any information (including documentation and other materials) pertinent to eligibility for possible housing located at the Bayview Terrace Apartments. I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my tenant eligibility. I agree that photocopies of this authorization may be used for the purposes stated above. This authorization will stay in effect for **twelve months** from the date signed.

Signature of Applicant:	Date:
Signature of Co-Applicant:	Date:

Include with application:

- Copy of State Issued I.D. Card (i.e. Driver's License)
- Copy of Tax Exempt I.D. Card (if applicable)
- \$20.00 application processing fee; *Check or money orders only – no cash please.*

*** applications will not be processed until fee is received*

Please return application to:

2705 Mill Bay Road, Kodiak, AK 99615.
 907.486.4733
 907-486-4889 – fax
 bayviewmngr@gci.net