Housing Application

Energy Independent Living Homes — Private-Room Shared Housing

Application Date _____	**Requested Move-In Date** _____
Applicant Full Legal Name _____	**Preferred Name** _____
Date of Birth _____	**Phone** _____
Email _____	**Current Address** _____
City/State/ZIP _____	**Preferred Property/Area** _____

Income and Rent Payment

List lawful income/payment sources. Disability status is not required to establish eligibility; this information is used only to determine ability to meet the rental obligation and process lawful subsidies or third-party payments.

Monthly Gross Income _____	**SSDI/SSI/Retirement (if applicant chooses to disclose)** _____
Employment Income _____	**Veterans Benefits** _____
Housing Voucher/Subsidy _____	**Other Lawful Income** _____
Representative Payee Name _____	**Representative Payee Contact** _____

Housing History

Current Landlord/Provider _____	**Phone/Email** _____
Current Monthly Rent _____	**Length of Residence** _____
Previous Address _____	**Previous Landlord Contact** _____

Household / Occupancy

This application is for one private bedroom unless otherwise stated. List any person who would regularly occupy the room:

Additional Occupant Name _____	**Relationship** _____
Age (if relevant to lawful occupancy) _____	**Requested Accommodation Related to Occupancy** _____

Reasonable Accommodation / Accessibility

You may request a reasonable accommodation or modification because of a disability. You do not have to disclose a diagnosis on this application. Describe the accommodation you are requesting, if any:

_____

_____

_____

Emergency Contact

Name _____	**Relationship** _____
Phone _____	**Email** _____

Applicant Certification

I certify that the information I provided is true and complete to the best of my knowledge. I authorize the housing provider to verify income, rental history, identity, and other lawful tenancy criteria disclosed to me. I understand that false material information may result in denial or lawful termination of a rental agreement. I understand this is independent housing and not a personal-care, assisted-living, behavioral-health, or 24-hour-supervision program.

_____ _____

Applicant Signature Date

_____ _____

Housing Representative Date