

Housing Application



Date	of	apı	pli	ca	tio	n					

Last Name: Current Address:	M1	i:		
City, State, Zip Code:				
	Work phone #			_
Race:Ethnicity:	(optional) (Hispanic, No	on-Hispanic)	(optional)
Marital Status: ☐ Nev ☐ Separated ☐ Div	ver Married Married Vorced/Annulled	□Widow	ed	
Family Composition: I	list all individuals who will	he residina i	n the unit	-
	Relationship	Date of Birth	Gender	Age
	SELF			

Name, Agency and Phone # (if applicable) of person who referred you to Blue Mountain/A-HOME:						
disabilities	-		n you, have any ne accommodations?			
Do you ow □ No	n a car? □ Ye	es 🗆 No	Do you have use	of a Car? □ Yes		
If yes, whi	ve a Section 8 ch Section 8 ch Section 8 ch Municipality/ s		r? □ Yes □ No			
-		for Section 8 Hou ty? □ Yes □ No	using assistance? Other?	□ Yes □ No		
RESIDENC	FS: Where ha	ve vou lived in th	ne past? Start with	most recent:		
Type of Housing	Rent amount	Location		Reason for		
Current La	ndlord:		Phone #:			
Address:						
			Phone #:			

Have you ever been evicted or asked to leave a residence? ☐ Yes ☐ No If yes, please explain:					
crime?	anyone who will be s □ No explain (When, wh			victed of a	
	//EDUCATIONAL IN		ı you.		
Name Relationship		Attending So (Yes or N Where? Gr	o)	Employed? Yes or No. Where?	
	Self				
~	NFORMATION If you and all incoming the year of year of the year of ye		_	•	
Who	Sou	irce	Monthly	amount	
Self					

^{**}Detailed income verification will be required later in the admissions process. **

Do you have any major outstanding debts? ☐ Yes ☐ No If yes, please describe:					
Is there anything els who will be living wi	e you would like us to know about you or anyone else h you?				
-	the above information is true and current. Falsification nesult in termination of the application process or eviction.				
Signature:	Date:				
Please return to:					
	A-HOME				
	86 Smith Ave.				
	Mt. Kisco, New York 10549				

Phone Number: 914-741-0740 Fax: 914-741-0777

E-Mail: <u>a-home@a-homehousing.org</u> Website: a-homehousing.org