

APRIL'S GROVE TOWNHOMES

Preliminary Application

Household Information: Complete the following information for each household member that will occupy the unit:

Check this box if you hold a Section 8 voucher

NAME (Last, First, MI)	RELATIONSHIP TO THE HEAD OF HOUSEHOLD	Sex	Date of Birth (MM/DD/YY)	Student (Y/N)	Disabled (Y/N)	Veteran (Y/N)

*Veteran is a person who served in the active military, naval, or air service and was discharged or released under conditions other than dishonorable.

Contact Information: Complete the following with your current contact and living information:

Current Address	
Primary Phone	
Secondary Phone	
Email	

Current Housing Information: Complete the following with your current housing information:

Number of years lived on Orcas Island:	
Current Living situation, part 1:	<input type="checkbox"/> house or apartment with plumbing and heating, good condition <input type="checkbox"/> house or apartment with plumbing and heating, but in poor condition <input type="checkbox"/> house or apartment without indoor plumbing or heating <input type="checkbox"/> tent or building not designed for human habitation <input type="checkbox"/> Other: _____ _____
Current Living situation, part 2:	<input type="checkbox"/> do not have a fixed, regular nighttime residence <input type="checkbox"/> will lose my nighttime residence in the next _____ days
Current Rent you pay:	
Current amount you pay for Electric, Heat, Sewer/Water:	

****Application must be returned:** mailed to April's Grove Townhomes, PO Box 192, Eastsound, WA 98245 or dropped off at April's Grove office, 96 April's Way (drop box outside office).

Race, Ethnicity & Language: This is optional information that is used to identify housing trends and needs, to describe the present occupancy of our communities, and to plan housing outreach efforts. Complete the following information each household member that will occupy the unit:

Check ALL that apply for each household member.							
(A) RACIAL CATEGORIES*	Tenant #1	Co-Tenant #2	Member #3	Member #4	Member #5	Member #6	Member #7
White	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Black or African American	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
American Indian or Alaska Native	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Native Hawaiian or Other Pacific Islander	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Choose Not to Disclose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(B) ETHNIC CATEGORIES*	Tenant #1	Co-Tenant #2	Member #3	Member #4	Member #5	Member #6	Member #7
Hispanic or Latino	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not Hispanic or Latino	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Choose Not to Disclose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Income & Asset Information: To determine if your preliminary income qualified, complete the following for all members of the household over 18 who are currently employed or receive federal or state benefits:

FIRST NAME	SOURCE OF INCOME Employment, Social Security, Disability, Alimony, etc.	MONTHLY (GROSS) INCOME- BEFORE TAXES	ASSETS List of the value of any savings, checking, or investments accounts

Certification by Head of Household:

I understand that any changes to my household composition or income after the date of my signature below, but prior to actual move-in must be disclosed to April’s Grove management.

_____ Printed Name

_____ Signature

_____ Date

Staff Notes:

_____ Number of Bedrooms _____ Estimated household annual income _____ Date Placed on Waitlist

Set Aside: 50% 60% Market Max Income: Rent-to-Income Ratio: