

FIRST NAME

DATE OF BIRTH

HOUSING RENTAL APPLICATION



□ UNITY VILLAGE (133, 135, 139 FORD STREET, UKIAH CA 95482) - 2 BEDROOM FAMILY UNITS

WHEN WOULD YOU LIKE TO MOVE IN?

MIDDLE

<u> </u>	
EQUAL HOUSING	

EVERY APPLICANT OVER THE AGE OF 18 MUST FILL OUT A SEPARATE APPLICATION (EVEN IF MARRIED). PLEASE FILL OUT THIS FORM COMPLETELY AND SIGN WHERE INDICATED AT THE BOTTOM.

PERSONAL INFORMATION

DRIVERS LICENSE # STATE

FULL NAME RELATIONSHIP OCCUPATION AGE/GENDER ETHNICITY/RACE VETERAN © YES OF DISABLED © YES OF DISA	PHONE NUMBER	ALTERNATE PHONE NUMBER	EMAIL	•				
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ETHNICITY CATEGORIES: A-HISPANIC OR LATINO, B-NOT HISPANIC OR LATINO RACE CATEGORIES: HAMERICAN INDIAN OR ALASKA NATIVE, 2-ASIAN, 3-BLACK OR AFRICAN AMERICAN, 4-NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER, 5-WHITE, 6-OTHER THERE IS NO PENALTY FOR PERSONS WHO DO NOT COMPLETE THIS FORM. INITIAL HERE IF YOU CHOOSE NOT TO DISCLOSE RACE AND ETHNICITY INFORMATION FOR ANY OF THE ABOVE LISTED HOUSEHOLD MEMBERS: VEHICLE INFORMATION YEARMAKE MODEL/COLOR PLATES/STATE CURRENTLY INSURED/REGISTERED 1/ES INO EMPLOYMENT CURRENT EMPLOYER OCCUPATION HOURS/WEEK LENGTH OF EMPLOYMENT SUPERVISOR PHONE NUMBER ADDRESS CITY/STATE/ZIP	FULL NAME	RELATIONSHIP	OCCUPATION	AGE / GENDER	ETHNICITY / RACE		□NO □NO	
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CURRENT INCOME:\$ =	WEEKLY BIWEEKLY MONTHLY	SOURCE	PROOF OF INCOME YES NO				
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		OTHER SOURCES OF INCOME					
SSI / MONTH: \$	FOOD STAMPS / MONTH:	CHILD SUPPORT / MONTH: \$	TANF / MONTH: \$ OTHER/MONTH: \$				
REFERENCES							
FULL NAME	RELATIONSHIP / YEARS KNOWN	OCCUPATION	PHONE NUMBER.				
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FORD STREET FR	OJECTS HOUSING OFFEN CO	WES WITH SUFFORT SERVICE	5, FLEASE COMFLETE THE SECTION BELOW				
I) ARE YOU CURRENTLY IN IF YES, PLEASE EXPLAIN	IVOLVED IN ANY SUPPORT G	ROUPS (12-SETP, DUAL DIAGN	IOSIS, ETC)? - YES - NO				
2) ARE YOU CURRENTLY IN IF YES, PLEASE LIST REASON	NVOLVED IN ANY LEGAL SITU	ATIONS, PENDING? (CPS, RES	TRAINING ORDERS, DUI, ETC)? 🗆 YES 🗆 NO				
3) ARE YOU CURRENTLY C IF YES, PLEASE EXPLAIN	ON PAROLE OR PROBATION D	YES DO					
PROBATION / PAROLE OFFICER		PHONE NUMBER	MAY WE CONTACT THEM? □ YES □ NO				
4) DO YOU HAVE A VOUCH	HER - YES - NO	IF YES, WHO IS YOUR SPONSORING HOUSING CASE MANAGER?					
AGENCY	WORKER NAME	PHONE NUMBER	MAY WE CONTACT THEM? - YES - NO				
5) DO YOU HAVE A MENTA	L HEALTH DIAGNOSIS? 🗆 YES	□ NO IF	YES, DO YOU HAVE A PROVIDER? YES NO				
CLINICIANS NAME/TITLE	ADDRESS	PHONE NUMBER	MAY WE CONTACT THEM? □ YES □ NO				
6) DO YOU HAVE A MENTA	L HEALTH WORKER OR CAS	E MANAGER? YES NO					
NAME	ADDRESS	PHONE NUMBER.	MAY WE CONTACT THEM? - YES - NO				
7) DO YOU HAVE A REPRES	SENTATIVE PAYEE? - YES - 1	NO					
NAME	ADDRESS	PHONE NUMBER	MAY WE CONTACT THEM? - YES - NO				
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BY SIGNING BI FIRST NAME			IE TO THE BEST OF YOUR, KNOWLEDGE				
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NOTES:	FORD SIE	REET PROJECT OFFICE USE	ONLY DATE RECEIVED:				