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If yes, please list the name of the head of household, the unit address or the name of the housing authority.

Do you owe money to any housing authority? YES NO

3. Has anyone in the household ever been subject to registration as a sex offender? YES NO

If yes, please list person(s) _____

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Family Member Name	Income Source	Hourly Rate \$	Hours Per Week	Average Pay Amount \$	Frequency - Per
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2. Does your household receive food stamps? YES NO If yes, list amount your household receives monthly _____

3. Does anyone outside your household pay for any bills or give you money? YES NO If yes, give name and address _____

Amount and frequency _____

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Name of Head of Household _____
Last First M

Mailing Address _____

City _____ **State** _____ **Zip Code** _____

Phone number where you can be reached _____

Do you (or your spouse if applying jointly) require supportive services in order to be able to live independently? YES / NO

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(Demographic Information for Statistical Purposes Only)

1. **Race of Head:** Caucasian/White African American/Black Asian/Pacific Islander
 Native American/Alaskan Native Mixed race
2. **Ethnicity of Head:** Hispanic/Latino Non-Hispanic/Non-Latino
3. **Gender:** Male Female
4. **Marital Status :** Single Married Separated Divorced Widowed

Beginning with you, list all persons who will live in the unit. Each box must be completed for each family member. No one except those listed on this form may live in the unit.

	First & Last Name	Date of Birth	Sex	Social Security Number	Relationship to Head of Household	Disabled Person? Yes or No	Full-time Student? Yes or No
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- _____ Gateway Village Senior Apartments (must be age 62 and older)
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Name of Head of Household _____
Last First M

Mailing Address _____

City _____ **State** _____ **Zip Code** _____

Phone number where you can be reached _____

Do you (or your spouse if applying jointly) require supportive services in order to be able to live independently? YES / NO

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(Demographic Information for Statistical Purposes Only)

1. **Race of Head:** Caucasian/White African American/Black Asian/Pacific Islander
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2. **Ethnicity of Head:** Hispanic/Latino Non-Hispanic/Non-Latino
3. **Gender:** Male Female
4. **Marital Status :** Single Married Separated Divorced Widowed

Beginning with you, list all persons who will live in the unit. Each box must be completed for each family member. No one except those listed on this form may live in the unit.

	First & Last Name	Date of Birth	Sex	Social Security Number	Relationship to Head of Household	Disabled Person? Yes or No	Full-time Student? Yes or No
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2. Does your household receive food stamps? YES NO If yes, list amount your household receives monthly _____

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Amount and frequency _____

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Name of Head of Household _____
Last First M

Mailing Address _____

City _____ **State** _____ **Zip Code** _____

Phone number where you can be reached _____

Do you (or your spouse if applying jointly) require supportive services in order to be able to live independently? YES / NO

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(Demographic Information for Statistical Purposes Only)

1. **Race of Head:** Caucasian/White African American/Black Asian/Pacific Islander
 Native American/Alaskan Native Mixed race
2. **Ethnicity of Head:** Hispanic/Latino Non-Hispanic/Non-Latino
3. **Gender:** Male Female
4. **Marital Status :** Single Married Separated Divorced Widowed

Beginning with you, list all persons who will live in the unit. Each box must be completed for each family member. No one except those listed on this form may live in the unit.

	First & Last Name	Date of Birth	Sex	Social Security Number	Relationship to Head of Household	Disabled Person? Yes or No	Full-time Student? Yes or No
H					SELF		
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1. Have you or anyone who will live in the assisted household ever been arrested, charged or convicted of a crime other than a traffic violation? YES NO **If yes, please explain the nature of the offense including the county and state, the date of the charge and the name of the family member who was involved:**

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