

APPLICATION

Please fill out this brief application to assist with our selection process. If you do not know or understand what is being requested, you may want to ask someone to assist you. Call _____ at _____ if you need assistance in completing this application or have any other questions.

Name _____

Address _____

City _____ State _____ Zip _____

Telephone (____) _____

Do you have a disability? _____ Yes _____ No If yes, please describe your disability.

Where would you like to live (ie: city, town, area)?

What type of home do you want to buy? (ie: ranch, 2 story, condominium, etc.)

Will you be purchasing this house yourself? _____ Yes _____ No

If you will be purchasing your home with another individual, please describe the relationship you have to this individual (i.e.: husband, wife, boyfriend, girlfriend, etc.)

Do you want to have a roommate(s)? _____ Yes _____ No

Will a roommate(s) be paying rent? _____ Yes _____ No

Will your roommate(s) provide you with assistance? _____ Yes _____ No

Please describe _____

Where are you currently living?

In a State Institution

In someone else's home
(Adult Foster Care)

In a Nursing Home

In a Group Home

Own Apartment

With my Family

Other Place (Please describe)

Do you currently use Personal Assistance Services? (Personal Assistant Services refers to using an individual to assist with such things as getting in/out of bed, dressing, cooking meals, getting to/from places and other tasks)

Yes

No

Do you currently use a Section 8 certificate or voucher? Yes No

Do you have any credit problems that you know about? Yes No

Please fill out the budget form below, listing all your monthly income and expenses. If there is more than one person purchasing (i.e., married couple), list monthly income and expenses separately. Please fill out a separate budget form for each individual.

INCOME

Income from Employment

Monthly

Total \$ _____

Benefit Income

SSI

SSDI

Aid to Dependent Children

Food Stamps

Home & Community Based Waiver

Other

Subtotal \$ _____

Other Income

Subtotal \$ _____

Income Grand Total

Total \$ _____

EXPENSES

<i>Housing</i>	<i>Monthly</i>
Rent	_____
Electric/Gas	_____
Water	_____
Telephone	_____
Other	_____
	Subtotal \$_____
<i>Food</i>	Subtotal \$_____
<i>Cleaning Supplies</i>	Subtotal \$_____
<i>Laundry</i>	Subtotal \$_____
<i>Clothing</i>	Subtotal \$_____
<i>Automobile</i>	
Loan	_____
Gas & Oil	_____
Insurance	_____
Maintenance/Repair	_____
Transportation	_____
	Subtotal \$_____
<i>Debts</i>	
Credit Cards	_____
Loans	_____
Other	_____
	Subtotal \$_____
<i>Medical</i>	
Medication (co-pay)	_____
Medical/Dental	_____
Personal Assistance Services	_____
Other	_____
	Subtotal \$_____
<i>Entertainment</i>	
Cable TV	_____
Newspaper	_____
	Subtotal \$_____
<i>Other</i>	Subtotal \$_____
Expenses Grand Total	Total \$_____