



# APPLICATION FOR HOUSING

## HOUSEHOLD INFORMATION

NAME (First, Middle, Last)	RELATIONSHIP	DATE OF BIRTH	SOCIAL SECURITY NUMBER	PHONE NUMBER
	HEAD OF HOUSEHOLD			

Head of Household: Email address: \_\_\_\_\_

Driver's license/ID number: \_\_\_\_\_

Female Headed Household (Y/N): \_\_\_\_\_

## HOUSING HISTORY

1. **Current Address:** \_\_\_\_\_ Rent: \_\_\_\_\_

Dates: From \_\_\_\_\_ to \_\_\_\_\_ Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

2. **Prior Address:** \_\_\_\_\_ Rent: \_\_\_\_\_

Dates: From \_\_\_\_\_ to \_\_\_\_\_ Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Have you ever been evicted from where you were living? If yes, please explain (include dates and address):

\_\_\_\_\_

Have you ever lived at a property managed by Alliance Housing?  Y  N If yes, where/when?

\_\_\_\_\_

## REFERENCES

**Person to notify in case of an emergency:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Professional reference (caseworker, counselor, pastor, or supervisor):**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

## INCOME INFORMATION

INCOME SOURCE	MEMBER OF HOUSEHOLD PARTICIPATING	MONTHLY INCOME	LENGTH OF TIME
Employment/Self-Employment			
Unemployment/Worker's Compensation			
Child Support or Spousal Support			
General Assistance/MFIP/TANF			
Pension			
SS/SSI/SSDI/RSDI			
Scholarships/Educational Grants/Student Benefits			
Other (please list) _____			

### EMPLOYERS

*\*Please note if employment is NOT for head of household\**

1.	Employer: _____	Phone: _____	
	Address: _____		
2.	Employer: _____	Phone: _____	
	Address: _____		

Do you or any member of the household expect any change in income within the next 12 months?  Y  N

If yes, please explain: \_\_\_\_\_

## ASSETS INFORMATION

*\*Please include ALL assets held by ALL household members, including minors\**

INCOME SOURCE	MEMBER OF HOUSEHOLD PARTICIPATING	AMOUNT
Checking or savings account		
Stocks, bonds, or securities		
CDs, money market funds, or treasury bills		
Trusts		
Pensions/IRA/401K/KEOGH/retirement accounts		
Cash on hand		
Whole or universal life insurance policy		
Other (please list) _____		

## CRIMINAL HISTORY

*Alliance Housing gives nearly everyone a second chance.*

### CRIMINAL BACKGROUND

- Have you or any member of the household been convicted of a crime in the last five years?  Y  N  
If yes, please explain (include dates and locations): \_\_\_\_\_  
\_\_\_\_\_
- Are any of these convictions a felony?  Y  N If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
- Are any charges pending now?  Y  N If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
- Are you or any member of the household subject to a lifetime registration requirement under a state sex offender registration program?  Y  N If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

How did you hear about us? \_\_\_\_\_

## STATEMENT OF UNDERSTANDING

I understand that management is relying on this information to prove my household's eligibility for housing regulated by government funding. I certify that all information and answers to the questions are true and complete to the best of my knowledge. I understand that if any of the information provided in this application is found to be incomplete or false, it may be grounds for denial of my application or termination of my tenancy.

I consent to have management verify the information contained in this application for purposes of proving my eligibility for occupancy including criminal, credit, housing and income. I will provide all necessary information and expedite this process in any way possible. Additionally, I authorize all corporations, companies, law enforcement agencies, academic institutions, and current and former employers to release information they may have about me and release them from any liability and responsibility from doing so. A photographic or faxed copy of this authorization shall be as valid as the original.

***All household members over the age of 18 must sign below:***

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE RETURN THIS APPLICATION TO ALLIANCE HOUSING IN PERSON OR BY MAIL, FAX OR EMAIL TO:**

**Alliance Housing**  
2309 Nicollet Ave, Minneapolis, MN 55404  
**Voice:** 612-872-2310 | **Fax:** 612 870-7446 | **Email:** info@alliancehousinginc.org

