

Received: _____
 Time: _____
 NLEDC initial: _____

New Life Economic Development - Application for Residency

Please provide complete information.

PLEASE PRINT

A. APPLICATION INFORMATION:

What size apartment do you need (limit of 2 people per bedroom)? 1 BR 2 BR 3 BR 4 BR

B. HOW DID YOU HEAR ABOUT NEW LIFE (e.g. word of mouth, agency referral)?

C. INFORMATION FOR APPLICANT AND INDIVIDUAL(S) WHO WILL OCCUPY THE APARTMENT: Please provide detailed responses for all persons who will occupy the unit for the first 12 months after move-in.

NAME	RELATION TO APPLICANT	GENDER	DATE OF BIRTH	AGE	SOCIAL SECURITY #
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

DISABLED/HANDICAPPED DO YOU NEED AN ACCESSIBLE UNIT YES NO

ARE YOU CURRENTLY RECEIVING SECTION 8? Yes No

TELEPHONE NUMBERS: WORK _____ HOME _____

MOBILE _____ EMAIL _____

APPLICANT'S CURRENT ADDRESS _____

Are you or any members of your household full-time students carrying a full course load (as defined by the educational institution) for at least five months per calendar year (include any children attending elementary, middle and high school)?

Yes No If yes, how many full-time students are in the household? _____

If yes, is at least one member of the household (check all that apply):

- A single parent with dependent child(ren) and neither the parent nor child is being claimed as a dependent by anyone else?
- Receiving Title IV or Social Security Act money or equivalent aid to families with dependent children support?
- Married and filing a joint tax return?
- Enrolled in a Federal, state or local job training program?

D. HOUSEHOLD INCOME: Provide the monthly income amount for each individual who will occupy the unit for the first 12 months after move-in. Use additional paper to include all household income if needed.

1. Name	_____	_____	_____
2. Salary	_____	_____	_____
3. Social Security/SSI	_____	_____	_____
4. Pension	_____	_____	_____
5. AFDC/TANF Welfare	_____	_____	_____
6. Child Support	_____	_____	_____
7. Student Training	_____	_____	_____
8. Other (Specify)	_____	_____	_____
MONTHLY TOTAL	\$ _____	\$ _____	\$ _____

TOTAL MONTHLY INCOME FOR HOUSEHOLD \$ _____

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT:

 Applicant Signature

Date: _____

 Co-Applicant Signature

Date: _____



NEW LIFE ECONOMIC DEVELOPMENT – 5200 SOUTH BROADWAY – (323) 778-5433

RETURN THIS APPLICATION VIA FAX (323-232-0075) OR IN PERSON AT THE ABOVE ADDRESS