Good Shepherd Community

APPLICATION FOR HOUSING

(Independent Living)

This is a housing application for: **Roberts Independent Living**
2801 Aldersgate Road
Little Rock, AR 72205

Please complete this application and return to: Roberts Independent Living
Attn: Manager
2801 Aldersgate Road
Little Rock, AR 72205

Occupants in this building must be 62 years or older. Applications are placed in order of date and time received. An applicant may be interviewed only after the receipt of this tenant application.

Please Print Clearly

1) GENERAL INFORMATION:

Applicant Name(s): _____

Address: _____
Street Apt# City State Zip

Daytime Phone: _____ Evening Phone: _____

Email Address: _____

No. of BR's in Current Unit: _____ Do You: ☐ Rent ☐ Own (check one)

How did you hear about us? _____

Bedroom Size Requested: ☐ Studio

Any Special Needs: _____

2) HOUSEHOLD COMPOSITION:

	Name	Relationship to head	Birth Date	Age (Optional)	Social Security #	Student (Y/N)
Head						
Co-T						

Does anyone have your Power of Attorney? □ Yes □ No
If yes list names, address and phone number: _____
_____

3) ADDITIONAL INFORMATION:

Are you or any member of your family currently using an illegal substance?	□ Yes □ No
Have you or any member of your family ever been convicted of a felony?	□ Yes □ No
If yes, describe:	

Are you or any member of your family subject to a lifetime sex offender registration	
Requirement in any state?	□ Yes □ No
If yes, describe:	

Have you or any member of your family ever been evicted from any housing?	□ Yes □ No
If yes, describe:	

4) REFERENCE INFORMATION:

Current Landlord	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	How Long?	
Prior Landlord	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	How Long?	

In Case of Emergency Notify:	
Address:	
Relationship:	**Phone #:**

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Address:	
Relationship:	**Phone #:**

5) VEHICLE INFORMATION (If applicable):

List any cars, trucks, or other vehicles owned. Parking will be provided for one vehicle. Arrangements with Management will be necessary for more than one vehicle.

Type of Vehicle:	License Plate #:
Year/ Make:	Color:

6) PET INFORMATION (If applicable):

Do you own any pets? □ Yes □ No
If yes, describe:

7) CERTIFICATION:

I/We certify that this will be my/our permanent residence. I/We understand I/We must pay a security deposit for this apartment prior to occupancy. I/We understand that my eligibility for housing will be based on Management selection criteria. I/We certify that all information in this application is true to the best of my/our knowledge and I/We understand that false statements or information are punishable by law and will lead to cancellation of this applicable or termination of tenancy after occupancy. All applicants must sign this application.

SIGNATURE(S):

_____ _____

Signature of Applicant Date

_____ _____

Signature of Co-Applicant Date

GOOD SHEPHERD USE ONLY:

Date Received: _____ By: _____

Additional Information Needed: Yes ___ No ___ (Specify: _____)

Date Contacted/Response:_____

_____

EQUAL HOUSING OPPORTUNITY