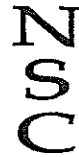


Nikiski Senior Citizens, Inc.
 Nikiski Senior Shore Apartments
 P. O. Box 6973, Nikiski Alaska 99635
 907-776-7654 phone
 907-776-7632 fax



APPLICATION FOR INCLUSION ON HOUSING WAIT LIST

This application is to place you on the housing list for Senior Shore Apartments as they become available. When you are contacted regarding an available apartment, a further application will be required to supply additional information.

HEAD OF HOUSEHOLD INFORMATION	Last Name & Sr., Jr. etc:		First Name:		Middle Initial:	Social Security Number:
	Date of Birth:	Age:	Driver's License No. and State:	Other Surnames/Maiden Names:		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried Partner/Living Together			Language (Primary):		Ethnicity of Head of Household: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	
Race: Check <u>all</u> that apply: <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pac. Islander		Family Status: <input type="checkbox"/> Employed-Full Time <input type="checkbox"/> Employed-Part Time/Seasonal <input type="checkbox"/> Job Training/School (no income) <input type="checkbox"/> Disabled		Citizenship: <input type="checkbox"/> Eligible Citizen <input type="checkbox"/> Eligible Non-Citizen <input type="checkbox"/> Ineligible Non-Citizen <input type="checkbox"/> Pending Verification		Alien Registration Number:
Have you lived in the city where you are applying for 30 days at time of application? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Mailing Address:			City, State, Zip Code:		Home Telephone:	
Message Telephone:		Messages Care Of:	Emergency Contact and Relationship:		Phone Number:	

SPOUSE/ CO-TENANT INFORMATION	Last Name & Sr., Jr. etc:		First Name:		Middle Initial:	Social Security Number:
	Date of Birth:	Age:	Driver's License No. and State:	Other Surnames/Maiden Names:		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried Partner/Living Together			Language (Primary):		Ethnicity of Spouse/Co-Tenant: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	
Race: Check <u>all</u> that apply: <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pac. Islander		Family Status: <input type="checkbox"/> Employed-Full Time <input type="checkbox"/> Employed-Part Time/Seasonal <input type="checkbox"/> Job Training/School (no income) <input type="checkbox"/> Disabled		Citizenship: <input type="checkbox"/> Eligible Citizen <input type="checkbox"/> Eligible Non-Citizen <input type="checkbox"/> Ineligible Non-Citizen <input type="checkbox"/> Pending Verification		Alien Registration Number:



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Federal HOME Program

Senior Shore Apartments is required to provide under the Federal HOME Program not less than three (3) units restricted to occupancy for Very-Low Income Families (families whose income does not exceed 50% of the area median income) as determined by HUD, adjusted for family size.

At the time an apartment becomes available, you will be asked to provide further information relative to you financial circumstances to determine if you are eligible for one of these units.

Applicants who which to be considered for restricted (low-income) rental units based on their income should check the appropriate box below:

Yes, I wish to be considered ____ No, I do not wish to be considered ____

Signature

Date

Signature

Date

