

HEAD OF

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

ZSU

Middle Social Security

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.

First Name:

Last Name & Sr., Jr. etc:

HOUSEHOLD INFORMATION							Initial:	Numb	er:
			·1						
	Date of Birth:	Age:	Driver's I).		rnames/M	aiden	Sex:
			and State:	:		Names:			□ Male
Marital Status:	Morriad - Circ	<u> </u>	1	<i>-</i>	$\dot{-}$				☐ Female
1	Married □ Sing vorced □ Separ			(Primary):		Ethnicity of Head		d of	
□ Unmarried Partne					Househol			a: c or Latino	
	ATTAINE TOECHE	•					□ Not His		
Race: Check all th	at apply:	Famil	y Status:	~	Ci	itizenship:			Registration
□ White		□ Employed-Full T				□ Eligible Citizen		Number:	
□ Black/African American		□ Employed-Part			□ Eligible Non-Citize		on-Citizen		
☐ American Indian/Alaska Native		Time/Seasonal			☐ Ineligible Non-				
🛮 Asian		☐ Job Training/School (no			Citizen				
□ Native Hawaiian/Other Pac.		income)			☐ Pending Verification				
Islander		□ Disa			<u> </u>				
Have you lived in the city where you are applying for 30 days at time of application?									
Mailing Address:		City, State, 2		State, Zip	Code:		Home Telephone:		
B.C				- 1 -					
Message Telephone:		Messages Care Of: Eme			rgency Contact and			P	hone Number:
		Rela			tionship:				
				i					~ ~~~~
SPOUSE/	T4 NT 0 C			77 477		т			
CO-TENANT	1		Jr. etc: First Na				Social Security Number:		
INFORMATION	1						Initial:	Numbe	er:
I'' O'MATON									
ļ	Date of Birth:	Age:	Driver's	License		Other S	urnames/I	Maidan	Sex:
		1,750	No. and			Names:	ui matitedii	Haiden	□ Male
						11000			□ Female
Marital Status: □ N	Married Singl	e	Language (Primary):	:		Ethnicity	of Spor	
□ Widowed □ Divorced □ Separated						Tenant:			
☐ Unmarried Partner/Living Together]			Hispanic or Latino			
33							□ Not His		
		Family Status:			Citizenship:			Alien Registration	
□ White □ Black/African American		□ Employed-Full Time		ime					ber:
		☐ Employed-Part Time/Seasonal			n Eligible N				
☐ American Indian/Alaska Native☐ Asian			anl (no	☐ Ineligible Non-					
□ Native Hawaiian/Other Pac.		☐ Job Training/School (no income)			Citizen □ Pending Verification				
Islander		□ Disabled			ı Li	rending V	critication		
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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 b	e considered	No, I do not wish to be considered				
Signature	Date	Signature	Date			