



CATHOLIC HOUSING MANAGEMENT

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****THIS IS A NON-SMOKING HOUSING FACILITY****

Preliminary Application Information for Waiting List

For Office Use Only

Date Received:
Time Received:
Person Receiving:

(n/a) Section 8
() Section 8 - Accessible Unit

Date of Application: _____

Name of Applicant: _____

Address: _____

Soc. Sec. No.: _____

Date of Birth: _____

Telephone Contact Information:

Home: _____

Work: _____

Friend/Relative: _____

U.S. Citizen: Yes: No:

Legal Alien: Yes: No:

Total household Income:

Social Security: \$ _____

Pensions: \$ _____

Work & Others: \$ _____

Applying for: 1-Bedroom Accessible Unit *

Name of Co-applicant: _____

Social Security No.: _____

Date of Birth: _____

*Please include your income under Total household income.

Applicant:

Ethnicity: Hispanic: Non-Hispanic:

Race: White: Black:

American Indian/Alaskan Native:

Asian/Pacific Islander:

Co-Applicant:

Ethnicity: Hispanic: Non-Hispanic:

Race: White: Black:

American Indian/Alaskan Native:

Asian/Pacific Islander:

Assets:

Savings Acct.: Yes: No:

Checking Acct.: Yes: No:

Bonds: Yes: No:

Other: Yes: No:

*If you have a disability, identify any special housing needs required: _____

*Are you mobility impaired? _____

Is there anyone in the household who is a student? _____

Any false or withheld information is considered fraud and may be considered grounds for rejection of your application or eviction.

Comments: _____

Date

Applicant Signature

Date

Co-Applicant Signature