

# APPLICATION FOR RESIDENCY AT TYLER STREET TOWER

**\*\*\*Tyler Street Tower is a smoke-free facility\*\*\***

Please complete this application with all details. Please give full answers even if you must attach additional pages. If accepted as a resident, this application will become part of the lease.

## Head of Household Information:

First Name	Middle Initial	Last Name
------------	----------------	-----------

Date of Birth	Age	Social Security #	Sex	Occupation
---------------	-----	-------------------	-----	------------

**Marital Status** (check one):  Single  Married  Divorced  Widowed

## If married, please list your spouse's information below:

First Name	Middle Initial	Last Name
------------	----------------	-----------

Date of Birth	Age	Social Security #	Sex	Occupation
---------------	-----	-------------------	-----	------------

## Contact Number(s):

Mobile #	Home #	Other #
----------	--------	---------

## Current Address:

Street Address	Apt #	City	State	Zip Code
----------------	-------	------	-------	----------

How long have you resided at the above address? \_\_\_\_\_

Have you notified your landlord that you are moving?  Yes or  No

Current Address/Landlord Name	Phone Number
-------------------------------	--------------

Reason for moving:

---

---

Have you ever been evicted? \_\_\_\_\_ If "yes," from where and when? \_\_\_\_\_

**Residence for the last five (5) years:**

Landlord/Apartment Name	Address	Phone	Date To	Date From

**Have you been exposed to or treated for bedbugs in the last 6 months?**  Yes  No

**CURRENT INCOME, SOURCE AND AMOUNT:**

List all income sources and amounts. This includes, but is not limited to, full and/or part-time employment including self-employment, all income from welfare agencies, Social Security, pensions, Supplemental Security Income (SSI), disability compensation, baby-sitting, care-taking of elderly/disabled, alimony, child support, educational loans, scholarships and grants, income from rental property, interest on assets, dividends, annuities, regular contributions from others.

Source of Income	Monthly Amount Received

**MEDICAL INFORMATION**

What kind of medical assistance do you receive? Check all that apply:

Medicare  Medicaid  Veteran Benefits  Other \_\_\_\_\_

**Personal References (Non-Family):**

Name	Address	Phone Number

**Next of Kin (Family):**

Name	Relationship	Address	Phone Number

**Have you ever been convicted of a felony?**  Yes  No

If checked "yes," please give details:

---

---

The following information is required for federal reporting regulations; it is used only for statistical purposes:

Please check the approximate box:

- White     Black     Hispanic     Non-Hispanic     Asian     American Indian  
 Alaskan Native     Other: \_\_\_\_\_

This application is intended for a:

- Efficiency Room (342 sqft.)  
 One bedroom (450 sqft.)

I hereby affirm that the foregoing information is true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Spouse

\_\_\_\_\_  
Date

**How did you hear about Tyler Street Tower?**

\_\_\_\_\_  
\_\_\_\_\_

**CRIMINAL BACKGROUND CHECK**

I hereby give my consent to Tyler Street Tower to perform a criminal background check.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Signature of Spouse

\_\_\_\_\_  
Date of Birth

