



Buchanan Housing, Inc.

Renter Application

Name: _____ Application Date: _____
(Last) (First) (MI)

Present Address: _____ Phone: _____

SS# _____ County of Legal Settlement _____

Disability Type _____

<input type="checkbox"/> Guardian	<input type="checkbox"/> Protective Payee <input type="checkbox"/> Conservator
Name: _____	Name: _____
Address: _____	Address: _____
Phone: _____	Phone: _____

Site Preference: Independence, IA Fairbank, IA Jesup, IA Winthrop, IA

Monthly Income: (Check Type, Fill in amount)	Applicant Amount:	Others in Household Amount:
<input type="checkbox"/> 1. Employment Wages	_____	_____
<input type="checkbox"/> 2. Public Assistance	_____	_____
<input type="checkbox"/> 3. Social Security	_____	_____
<input type="checkbox"/> 4. SSDI	_____	_____
<input type="checkbox"/> 5. SSI	_____	_____
<input type="checkbox"/> 6. Veterans Benefits	_____	_____
<input type="checkbox"/> 7. Railroad Pension	_____	_____
<input type="checkbox"/> 8. Child Support	_____	_____
<input type="checkbox"/> 9. Dividends, Interest, Etc.	_____	_____
<input type="checkbox"/> 10. Other	_____	_____

Are you a convicted sex offender? _____

Have you ever been convicted of a felony or violent crime of any nature? _____ If so, please attach explanation.

Have you ever been evicted from a previous residence? _____ If so, please attach explanation.

Name of Case Manager/County Social Worker: _____

Case Manager/Social Worker Phone Number: _____ Email: _____

Please see back of page

Current and Previous Landlords (do not include providers such as Residential Care Facility (RCF), Mental Health Institute (MHI), etc.)

Current Landlord (if applicable): _____ Dates at this residence: _____

Landlord's Phone: _____ Landlord's Address: _____

Previous Landlord (if applicable): _____ Dates at this residence: _____

Landlord's Phone: _____ Landlord's Address: _____

Previous Landlord (if applicable): _____ Dates at this residence: _____

Landlord's Phone: _____ Landlord's Address: _____

Previous Landlord (if applicable): _____ Dates at this residence: _____

Landlord's Phone: _____ Landlord's Address: _____

The previously listed services have been discussed with me and are requested with my knowledge and consent. As a signatory of this document, I certify that the above information is true and complete to the best of my knowledge, and I authorize the County CPC staff to check for verification of the information provided. I understand that the information gathered in this document is for the use of the Housing for People with Mental Disabilities, Inc. to determine my eligibility for housing through their program. I understand that information in this document will remain confidential.

Applicant's (or guardian's) signature

Date