

# CHIPPEWA CREE HOUSING AUTHORITY

75 Laredo Road

Box Elder, Montana 59521

Phone (406) 395-4370/4748

## Elderly/Handicap Housing Application

DATE \_\_\_\_\_

Time \_\_\_\_\_

(Please Print)

1. Name \_\_\_\_\_

2. Address \_\_\_\_\_ 3. How long? \_\_\_\_\_

4. Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

5. Landlord's Name \_\_\_\_\_ 6. His Phone \_\_\_\_\_

7. Landlords's Address \_\_\_\_\_

8. Prior Landlord \_\_\_\_\_ 9. Phone \_\_\_\_\_

10. And Address \_\_\_\_\_

11. Have you been displaced? \_\_\_\_\_ How? \_\_\_\_\_

12. Reason for moving: \_\_\_\_\_ Substandard \_\_\_\_\_ Without or about to be without housing \_\_\_\_\_ Other \_\_\_\_\_

13. Employed by \_\_\_\_\_ 14. How long? \_\_\_\_\_

15. Position \_\_\_\_\_

### 16. Household Composition

Name of Household Members	Relationship to Head	Sex	Place of Birth	Date of Birth	Full Time Student	Disabled/ Handicapped	Social Security Number
1.	HEAD						
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							

Applicant's continued interest in housing

6 months		12 months		18 months		24 months		30 months	
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17. Income

Name of Household Member	Wages, salaries, etc.	Social Security Pensions	AFDC	SSI	Foster Child Care	Other
1.	\$	\$	\$	\$	\$	\$
2.						
3.						
4.						
5.						
TOTAL ANNUAL INCOME \$						

18. Net Family Assets

Type	Amount
	\$
	\$
	\$
	\$
	\$
Total	\$

19. Minority (circle)

White      Black      American Indian      Alaskan Native      Pacific Islander

20. Ethnicity (circle)      Hispanic      Nonhispanic

21. Anticipated amount to be spent for child-care      \$

22. Anticipated amount to be spent for medical expenses      \$

23. Anticipated amount to be spent for handicapped expenses      \$

24. References: Bank

Checking Account      Savings Account

Credit

Personal

25. When do you wish to move in?

26. I certify that the foregoing information is true and complete to the best of my knowledge, I authorize inquiries to be made to verify the statements above.

Head      Co-applicant