



Developmental Connections HOUSING APPLICATION

Dorgan-Weaver Apartments

Combs-Redfern Apartments

Saint Street Apartments

One Bedroom

Two Bedroom

Name _____
LAST NAME FIRST NAME MIDDLE

ADDRESS _____
NUMBER & STREET CITY COUNTY STATE ZIP

Home Phone _____ Alternate Contact Number _____

How long have you lived at this address? _____ Monthly Rent \$ _____

Does anyone live with you now? YES _____ NO _____

Previous Address: _____
CITY/STATE ZIP CODE

How long have you lived at this address? _____ Monthly Rent \$ _____

Birthdate _____ Social Security Number _____

Type of Disability: _____ (Proof of Diagnosis must be Attached)

Support Coordinator _____

Occupancy & Use: This apartment will be used and occupied solely as the private residence of the APPLICANT named above and approved occupants, who are as follows:

Name	DOB	Employed?		Place of Employment
		Yes	No	
_____	_____	Yes	No	_____
_____	_____	Yes	No	_____
_____	_____	Yes	No	_____

EMPLOYMENT

Employer _____

Position _____

How long have you been employed? _____

Supervisor Name _____ Phone Number _____

Names of three living immediate relatives: (mother, father, sisters, or brothers). Please list relationship, complete address and phone numbers.

Name	Address	Phone	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please list monthly income amounts below (Proof of Income must be provided with Application)

Salary \$ _____

Social Security \$ _____

Interest & Dividends \$ _____

SSI \$ _____

State Supplement \$ _____

Pension \$ _____

Other (_____)\$ _____

Have you been hospitalized in the past 2 years? YES _____ NO _____

If "YES", what for? _____

I understand that this application is not binding upon me or Developmental Connections

APPLICATION CERTIFICATION

I CERTIFY THAT IF SELECTED TO RECEIVE ASSISTANCE, THE UNIT I OCCUPY WILL BE MY ONLY RESIDENCE. I UNDERSTAND THAT THE ABOVE INFORMATION IS BEING COLLECTED TO DETERMINE MY ELIGIBILITY. I AUTHORIZE THE OWNER/MANAGER TO VERIFY ALL INFORMATION PROVIDED ON THIS APPLICATION AND TO CONTACT PREVIOUS OR CURRENT LANDLORDS OR OTHER SOURCES FOR CREDIT AND VERIFICATION INFORMATION WHICH MAY BE RELEASED TO APPROPRIATE FEDERAL, STATE, OR LOCAL AGENCIES. I CERTIFY THAT THE STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT FALSE STATEMENTS OR INFORMATION ARE PUNISHABLE UNDER FEDERAL LAW.

SIGNATURE OF HEAD _____ **DATE** _____

OWNER/MANAGER/REP _____ **DATE** _____

ACCEPTANCE OF THIS APPLICATION IS NOT BINDING UPON THE OWNER/MANAGER/REPRESENTATIVE UNTIL THE PROCESSING OF THIS APPLICATION AND OTHER NECESSARY DOCUMENTS ARE COMPLETED AND NOTICE OF APPROVAL IN WRITING.

REQUIRED ATTACHMENTS

- Proof of Income
- Proof of Diagnosis

All application and inquiries will be held in the strictest confidence

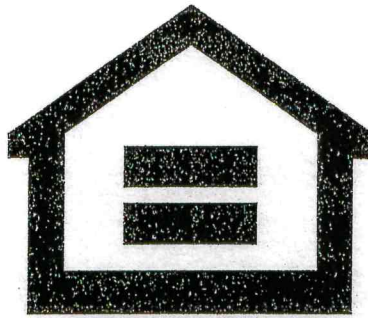
PLEASE RETURN COMPLETED SIGNED PRELIMINARY APPLICATION TO:
Max Lytle, Developmental Connections, 1533 E. State Hwy 76, Ste. 1, Branson, MO 65616

FOR OFFICE USE ONLY:

Date Received: _____

Appointment for Interview: Date _____ Time _____

Form Revised: 9/19/2017



**EQUAL HOUSING
OPPORTUNITY**

**We Do Business in Accordance With the Federal Fair
Housing Law**

(The Fair Housing Amendments Act of 1988)

**It is illegal to Discriminate Against Any Person
Because of Race, Color, Religion, Sex,
Handicap, Familial Status, or National Origin**

- In the sale or rental of housing or residential lots
- In the provision of real estate brokerage services
- In advertising the sale or rental of housing
- In the appraisal of housing
- In the financing of housing
- Blockbusting is also illegal

Anyone who feels he or she has been discriminated against may file a complaint of housing discrimination:

1-800-669-9777 (Toll Free)

1-800-927-9275 (TTY)

www.hud.gov/fairhousing

U.S. Department of Housing and
Urban Development
Assistant Secretary for Fair Housing and
Equal Opportunity
Washington, D.C. 20410