

FAIR OAKS APARTMENTS
APPLICATION FOR APARTMENT OCCUPANCY AGREEMENT
131 SHADY LANE DRIVE, WADENA, MN 56482

Applicant: _____ Address: _____

City/State/Zip: _____ Phone: _____

Friend or relative to contact if we are unable to reach you:

Name: _____ Address: _____

City/State/Zip: _____ Phone: _____

FAMILY COMPOSITION: (LIST ALL HOUSEHOLD MEMBERS WHO WILL LIVE IN THE UNIT.)

Name (First, Middle, Last)	Relationship: Sex:	D.O.B.	Social Security no. or Alien Reg. No.	Place of Birth: (City/St./Country)
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1. _____

2. _____

Previous Housing

Landlords Name: _____

Address: _____ Phone: _____

Or: Do you own your own house? Yes _____ No _____

How long have you lived at your present location? _____

Give previous address and length of time residence: _____

Income Information

Please list all sources of income and amount. Income must be verifiable

What is your annual Income? _____

Source of Income: _____	Monthly Amount: _____
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Source of Income: _____	Monthly Amount: _____
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Source of Income: _____	Monthly Amount: _____
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Source of Income: _____	Monthly Amount: _____
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Assets

Checking Account: _____ Savings Account _____ CD's _____ Other _____

Name of Bank/Financial Institution _____

Address: _____

Has you or any member of your household ever been convicted of any crime other Than traffic violations? () Yes () No

Have you ever been arrested /convicted of dealing or manufacturing illegal drugs? () Yes () No

Are you currently an abuser of illegal drugs or addicted to a controlled substance? () Yes () No

Have you ever been arrested/convicted of a felonious criminal activity that had as one of its elements the use, attempted use or threatened use of physical force against the person or property of another) () Yes () No

Are you subject to a lifetime sex offender registration requirement? () Yes () No

If you have moved within the last month, give name and address of police and sheriff's departments where you previously lived: _____

For Reference purposes: List the name, address and telephone number of two former landlords:

1. _____ 2. _____

Tel #: _____ Tel#: _____

APPLICANT(S)/TENANTS(S) STATEMENT:

I/We certify that the information given to the Wadena Housing Authority on household composition, income, net family assets, and allowances and deductions are accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements of information are grounds for termination of housing assistance and termination of tenancy.

ALL ADULT MEMBERS OF THE HOUSEHOLD MUST SIGN THIS FORM CERTIFYING THE INFORMATION PERTAINING TO THEM IS CORRECT.

Signature of Head of Household Date

Signature of Spouse/Other Date

Signature of Other Adult Date

EQUAL HOUSING OPPORTUNITY

Please return to: Wadena Housing & Redevelopment Authority
222 Second Street SW
Wadena MN 56482
Fax: 218-631-7709
Phone: 218-631-7723