



CATHOLIC HOUSING MANAGEMENT

CASA SANT'ANGELO
APARTMENTS
16700 MIRAMAR PARKWAY
MIRAMAR, FL 33027

PHONE: (954) 998-7210 TTY: 1-800-955-8771

****THIS IS A NON-SMOKING HOUSING FACILITY****



Preliminary Application Information for Waiting List

<i>For Office Use Only</i>	
<i>Date Received:</i>	
<i>Time Received:</i>	
<i>Person Receiving:</i>	
<i>1 Bedroom ()</i>	
<i>1 Bedroom ADA (N/A)</i>	

Applying for: 1 Bedroom
Accessible Units: * 1 Bedroom N/A *

Date of Application: _____

Name of Applicant: _____

Address: _____

Soc. Sec. No.: _____

Date of Birth: _____

Telephone Contact Information:

Home: _____

Cell: _____

Friend/Relative: _____

U.S. Citizen: Yes: No:

Legal Alien: Yes: No:

Total gross household Income (Combined for all members):

Social Security: \$ _____ Month / Annual

Pensions: \$ _____ Month / Annual

Work & Others: \$ _____ Month / Annual

Name of Co-applicant: _____

Relationship to Applicant: Spouse Other

Social Security No.: _____

Date of Birth: _____

*Please include your income under Total gross household income.

Applicant:

Ethnicity: Hispanic: Non-Hispanic:

Race: White: Black:

American Indian/Alaskan Native:

Asian/Pacific Islander:

Co-Applicant:

Ethnicity: Hispanic: Non-Hispanic:

Race: White: Black:

American Indian/Alaskan Native:

Asian/Pacific Islander:

Assets:

Savings Acct.: Yes: No:

Checking Acct.: Yes: No:

Bonds: Yes: No:

Other: Yes: No:

Is there anyone in the household who is a student? Yes No

How did you hear about us? _____

Comments: _____

Any false or withheld information is considered fraud and may be considered grounds for rejection of your application or eviction.

Applicant Signature

Date

Co-Applicant Signature

Date