



# CATHOLIC HOUSING MANAGEMENT

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

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**\*\*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 ( )</i>	

Applying for: 1 Bedroom   
Accessible Units: \* 1 Bedroom \*

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? \_\_\_\_\_

\*Do you require the ADA accessibility features of the following type of units: Mobility  Hearing  Vision

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