



CATHOLIC HOUSING MANAGEMENT

MARIAN TOWERS
17505 NORTH BAY ROAD,
SUNNY ISLES BEACH, FL 33160

PHONE: (305) 932-1300 FAX (305) 936-8562 TTY: 800-955-8771

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



Preliminary Application Information for Waiting List

Applying for:

- *Accessible Units/Section 8*: Studio ☐ 1-Bdrm ☐
- Section 8: Studio N/A 1-Bdrm N/A
- Tax Credit/Non-Section 8: Studio ☐ 1-Bdrm ☐

For Office Use Only

Date/Time Received:

Person Receiving:

0 Bedroom () | 1 Bedroom ()

Section 8: (N/A)

ADA/Section 8: ()

Tax Credit/Non-Section 8: ()

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: ☐

Is there anyone in the household who is a student? _____

*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