



CATHOLIC HOUSING MANAGEMENT

ST. ANDREW TOWERS

2700 NW 99th Avenue

Coral Springs, FL 33065

PHONE: (954)752-3960 TTY: 1-800-955-8771

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



Preliminary Application Information for Waiting List

Applying to: SAT I ☐ SAT II ☐

Applying for: 0-Bedroom ☐ 1-Bedroom ☐ N/A

Accessible Units: 0-Bedroom ☐ * 1-Bedroom ☐ *

For Office Use Only

Person Receiving:

() SAT I () SAT II
(N/A) S8/TC: 0 (N/A), 1 (N/A)
() TC/NS8: 0 (), 1 (N/A)
() ADA/S8/TC 0 (N/A), 1 (N/A)
() ADA/TC/Non S8 0 (), 1 ()

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: \$ _____

Pensions: \$ _____

Work & Others: \$ _____

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: ☐

*Do you require the ADA accessibility features of the following types of units: Mobility ☐ Hearing ☐ Vision ☐

Comments: _____

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

Do you have a Section 8 Voucher or other housing assistance? _____

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