



# CATHOLIC HOUSING MANAGEMENT

ST. ELIZABETH GARDENS  
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**\*\*THIS IS A NON-SMOKING HOUSING FACILITY\*\***



## Preliminary Application Information for Waiting List

*For Office Use Only*

Date Received:

Time Received:

Person Receiving:

(N/A) Section 8 -PBV ( )TC/Non Section 8

(N/A) Section 8 Accessible ( )Market

Applying for:

TC/Non Sec. 8, 0 Bedroom  1 Bedroom

Accessible Units: Section 8, 1 Bedroom N/A \*

Section 8: Studio N/A 1 Bedroom N/A

Date of Application: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Soc. Sec. No.: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Telephone Contact Information:

Home: \_\_\_\_\_

Work: \_\_\_\_\_

Friend/Relative: \_\_\_\_\_

U.S. Citizen: Yes:  No:

Legal Alien: Yes:  No:

Total household Income:

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 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 accessibility features of the following types of units: Mobility  Hearing  Vision

Comments: \_\_\_\_\_

Is there anyone in the household who is a student? \_\_\_\_\_

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Signature