



# CATHOLIC HOUSING MANAGEMENT

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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>( N/A ) Section 8</i>	
<i>( ) Section 8 Accessible Unit</i>	

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: \$ \_\_\_\_\_

\*If you have a disability, identify any special housing needs required: \_\_\_\_\_

\*Are you mobility impaired? \_\_\_\_\_

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.**

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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

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

Applying for Accessible: 0-Bedroom \* 1-Bedroom N/A

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: