



**CHIP**

# Community Interest Form

How did you hear about us? \_\_\_\_\_

**FOR OFFICE USE ONLY:**

Date/Time received: \_\_\_\_\_

APPLICATION # \_\_\_\_\_

HOUSEHOLD ID # \_\_\_\_\_

Community Name: Longfellow Apartments Total monthly Income (from all sources): \$ \_\_\_\_\_ X's 12 = \$ \_\_\_\_\_

Applicant Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Social Security # \_\_\_\_\_

Adult Co-Applicant Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Social Security # \_\_\_\_\_

Other member names: \_\_\_\_\_ DOB \_\_\_\_\_ SS# \_\_\_\_\_ / \_\_\_\_\_ DOB \_\_\_\_\_ SS# \_\_\_\_\_

Other member names: \_\_\_\_\_ DOB \_\_\_\_\_ SS# \_\_\_\_\_ / \_\_\_\_\_ DOB \_\_\_\_\_ SS# \_\_\_\_\_

Number of people in Household: \_\_\_\_\_ Unit size preferred: \_\_\_\_\_ Do you have Section 8: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Message Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Are you requesting an accessible unit (check all that apply): Wheelchair Hearing/Vision Special Needs Other \_\_\_\_\_

Does someone in your household have a Developmental Disability? Yes No

Ethnicity (optional): 1 = Hispanic or Latino 2 = Not Hispanic or Latino

Race (optional) please circle one or more of the following;

1 = White 2 = African American 3 = American Indian/Alaskan Native 4 = Asian 5 = Native Hawaiian/Pacific Islander 6 = Other

*If there is a change in your information it is your responsibility to update that with our office. If you do not update the contact information and we are unable to contact you at the time of unit availability, you will be removed from our interest list.*

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

**OFFICE USE ONLY: COMMENTS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_