

NAC PERMANENT SUPPORTIVE HOUSING INTEREST LIST UPDATE FORM

Date: _____ Time: _____ AM/PM

ALL INFORMATION BELOW MUST BE PROVIDED - DO NOT LEAVE ANY BLANKS

Print Name: _____
Address: _____
Email: (Print clearly) _____
Phone Number: _____ Alternate Phone Number: _____

Affordable Housing – A minimum income of 2.5x the monthly rent is required & income maximums also apply.

Total average annual income for all members of the household: \$ _____
Size of apartment requested: (Studio / One / Two / Three /Four bedroom) _____
Number of persons to occupy this apartment? _____ Are any adults a full time student? Yes or No
Date the apartment is needed _____ **(This is not emergency housing and an immediate move-in is unlikely)**
Do you have any pets? _____ (If yes, what kind, how many and size) _____
Some properties do not allow pets.
What NAC apartment community did you previously apply for : _____

Criminal and background:
A criminal and background check will be run on all adult applicants. If you have any felonies that are a crime against a person in the last 5 years, or are a registered sex offender, or convicted of the selling or manufacturing drugs, you will not qualify.

Has anyone in your household had any felonies in the last 5 years? Yes _____ No _____
Type: _____ Date: _____
Is anyone in your household a registered sex offender? Yes _____ No _____
Do you have any open warrants? Yes _____ No _____

Because some of our apartments are designated for those with specific criteria, please answer the questions below, as you may qualify for one of these designated apartments and be on a shorter Wait List.

- Do you have a housing voucher? _____ (If yes, circle one): Section 8 /VASH / HOM Inc. / Tribal
- Is anyone in the household 55? Yes _____ No _____
- Is anyone in the household over 62? Yes _____ No _____
- Is anyone in the household physically disabled? Yes _____ No _____
- Has anyone in the household received services for substance abuse? Yes or No (If yes – Provider): _____
- Has anyone in the household received mental health services? Yes or No If Yes provider: _____
- Is anyone in the household a victim of domestic violence? Yes _____ No _____ Who? _____
- Is anyone in the household homeless? Yes _____ No _____ If yes, how long? _____
If homeless now – where are you living? _____

_____ I agree that every 120 days I am responsible for updating NAC on my status. Failure to do so will result in removal of my name and household from all Wait Lists.

Signed: _____ Date: _____

