

# Clark Estes Apartments

## Pre- Application Card

Date \_\_\_\_\_

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Interested person for Studio \_\_\_\_ 1 BR \_\_\_\_ 2BR \_\_\_\_  
(Check all that apply)

Name (Head of Household) \_\_\_\_\_

Address \_\_\_\_\_

Phone (Home) \_\_\_\_\_ Phone (Work) \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Would you be interested in a handicapped accessible unit? Yes  No

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

Driver License No. \_\_\_\_\_

Do you live/work in the Community? Yes  No  If yes, how long \_\_\_\_\_ mo./yrs

Annual Household Income: \$ \_\_\_\_\_ Date Apartment Needed \_\_\_\_\_

Remarks \_\_\_\_\_

Household Data: Please list all persons who will occupy the unit:

<u>Name</u>	<u>Date of Birth</u>	<u>Relationship</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

### Optional and for Federally Subsidized Programs:

**Ethnicity:** Hispanic or Latino  Non-Hispanic or Non-Latino

RACE (circle one)

Caucasian African American Asian American Indian or Alaskan

Native Native Hawaiian or Other Pacific Islander

**For Staff:** Date Received \_\_\_\_\_ **For Staff:** Time Received \_\_\_\_\_

