

Fair Oaks Apartments  
APPLICATION FOR APARTMENT OCCUPANCY AGREEMENT

EQUAL HOUSING OPPORTUNITY

Applicant: \_\_\_\_\_ Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Friend or relative to contact if we are unable to reach you:

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

City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**FAMILY COMPOSITION:** (LIST ALL HOUSEHOLD MEMBERS WHO WILL LIVE IN THE UNIT.)

Name (First, Middle, Last)	Relationship:	Sex:	D.O.B.	Social Security no. or Alien Reg. No.	Place of Birth: (city/St./Country)
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1. \_\_\_\_\_

2. \_\_\_\_\_

How long have you lived at your present location? \_\_\_\_\_

Give previous address and length of time residence: \_\_\_\_\_

If you have moved within the last month, give name and address of police and sheriff's departments where you previously lived: \_\_\_\_\_

For Reference purposes: List the name, address and telephone number of two former landlords:

1. \_\_\_\_\_ 2. \_\_\_\_\_

Tel #: \_\_\_\_\_ Tel#: \_\_\_\_\_

**Applicant(s) / Tenant(s) Statement:**

I / We certify that the information given to the Wadena Housing Agency on household information and complete to the best of my/our knowledge and belief. I/We understand that false statements of information are grounds for termination of housing assistance and termination of tenancy.

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date