MY START INDEPENDENT LIVING, LLC

HOUSING APPLICATION

Please complete the information below. Submission of this application does not guarantee housing or approval.

APPLICANT INFORMATION

Full Name _____

Date of Birth _____

Phone _____

Email _____

Current Address _____

HOUSING INFORMATION

Preferred Move-In Date _____

ELIGIBILITY

- [ ] I am 18 years of age or older.
- [ ] I have a verifiable source of income or funds to meet applicable housing costs.
- [ ] I agree to provide required documentation and follow applicable housing rules.

INCOME

Employment/Income Source _____

Approximate Monthly Income $_____

REQUIRED DOCUMENTS

- [ ] Government-issued ID
- [ ] Proof of income
- [ ] Proof of address
- [ ] Other required documentation

CONSENT & CERTIFICATION

I certify that the information provided is true and complete to the best of my knowledge. I authorize My Start Independent Living, LLC to verify information provided in this application when reasonably necessary to evaluate my housing application. I understand that submitting this application does not guarantee housing or approval and that additional documentation may be required.

PRIVACY

Information submitted will be used to evaluate and process your housing application and will be handled with reasonable measures to protect your privacy. Please do not submit Social Security numbers, passwords, or other highly sensitive information through an unsecured website form.

[ ] I have read and agree to the terms above.

Applicant Name _____

Electronic Signature _____

Date _____