

Other Health Supplies _____
Other (Please specify) _____

Total Monthly Personal Expenses _____

- | | |
|---|--|
| 4. Assets:
Checking Account _____
(balance)
Savings Account _____
(balance)
Stocks, bonds _____
(market value)
Home _____
(market value)
Other Property _____
(market value)
TOTAL _____ | 5. Liabilities:
Personal Loans & Notes _____
(balance you owe)
Medical & Hospital _____
(unpaid bills)
Mortgage Loans _____
(balance you owe)
Other unpaid bills _____

TOTAL _____ |
|---|--|

6. Comments: Please give any special reasons you need housing at Prospect Ridge Congregate Housing.

7. Ethnicity/Race
- | | |
|--------------------------|-------------|
| White Non-Hispanic _____ | Asian _____ |
| Hispanic _____ | |
| Black _____ | Other _____ |

I understand that the Ridgefield Housing Authority will check my credit history, my landlord references and request a criminal history and I hereby give my permission therefore. I also understand that the Authority policies governing Admissions and Continued Occupancy is available for review.

The information I have given on this application is complete and correct, as far as I know. I recognize that Prospect Ridge Congregate Housing is intended for persons of modest income whose health is such that they are capable of living with the limited services provided. If I am accepted as a resident and my situation changes, I understand that my eligibility for continued residency could be affected. I further agree to provide the Ridgefield Housing Authority authorization for medical information and documents relating to my medical condition and treatment. To provide all documents and information the Housing Authority requires to verify the information given in this application, and to submit to such interviews as the Housing Authority requires.

Signature of Applicant

Date