

ULREDC

URBAN LEAGUE OF ROCHESTER ECONOMIC DEVELOPMENT CORPORATION

312 State Street, Rochester, New York 14608 tel: (585) 454-5710 fax: (585) 697-1185

Please check by the apartment community in which you wish to live:

Housing Tax Credits for Individuals/Families:

Mills at High Falls (1 – 2 bedrooms) 312 State Street Rochester, NY 14608 _____	Annex (1 – 2 bedrooms) 392 State Street Rochester, NY 14608 _____
Mills III (Studio – 2 bedrooms) 281 Mills Street Rochester, NY 14608 _____	Michelsen (1 – 2 bedrooms) 182 Avenue D Rochester, NY 14621 _____
Brooks Village Apartments (1 – 2 bedrooms) 750 Genesee Street Rochester, NY 14611 _____	Akeley Manor Apartments (2 – 3 bedroom) 17179 Fourth Section Road Holley, NY 14470 _____

We have apartments for people with developmental and/or physical disabilities. Do you wish to be considered for one or more of them? YES NO

HUD 811 for Individuals/Families with Developmental and/or Physical Disabilities:

Blossom Village Apartments (1 – 2 bedrooms) 1275 Blossom Road Rochester, NY 14610 _____	
Kenwood Apartments (2 – 3 bedroom) 240 Arnett Boulevard Rochester, NY 14610 _____	
Thurston Road Apartments (2 – 3 bedroom) 80-90 Thurston Road Rochester, NY 14619 _____	

HUD 202 for Seniors aged 62 or older (Senior properties only have 1 bedrooms):

Akeley Landing Apartments 17179 Fourth Section Road Holley, NY 14470 _____	Brown's Memorial Manor 640 Hudson Ave Rochester, NY 14621 _____
Butterfly Fields Apartments 2241 West Henrietta Road Rochester, NY 14623 _____	Goose Landing Phase 1 and Phase 2 4885 and 4795 East River Road West Henrietta, NY 14586 _____

Return fully completed applications to ULREDC 312 State Street, Rochester, N.Y. 14608

To ensure the safety of our residents, a credit and criminal/background check will be run on all applicants 18 years of age and older. Any applicant(s) applying is subject to a \$15.00 fee for the credit and criminal/background records check. Once the credit and criminal/background check has been run, there will be no refund of the \$15.00 fee. If application is accepted, a \$15.00 credit will be applied to HUD occupant's first month's rent. All applicants are required to provide the following documents: a birth certificate and social security cards for each household member and photo ID for each adult household member.





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Important Information Regarding Application:

Thank you for your interest in an Urban League of Rochester Economic Development Corporation managed apartment community.

The success of our Apartments is in the community we build. This community is not only comprised of the tenants and the landlord but includes caseworkers, aides, friends and family, and all others interested in the well-being and safety of the residents residing in our apartments.

The first step to becoming a resident at an ULREDC property is the submission of a fully completed application along with all forms of identification. If an application has missing parts and/or IDs, we will return the application to the submitting person(s) until application is completed in its entirety.

The following documents **must be returned** with the completed application:

- **Birth Certificates for all members of the Household**
- **Social Security Cards for all members of the Household**
- **Picture ID (non-expired) for all adult members of the Household**
- **Documentation of Developmental or Physical Disability for HUD 811**

The whole application process can take anywhere from 2 – 4 weeks with the credit and criminal/background check taking 7 – 10 business days. However, processing time is dependent on many aspects and may take longer than usual. Following review of your application, you will either be called in for an interview or you will receive a letter indicating ineligibility and the reasons why. You have 14 days to appeal this decision.

When an apartment is not available, the applicant is placed on a waiting list.

All assets and incomes will need to be verified before occupancy. You will need to provide the following information for everyone in the household 18 years of age and older prior to the time of your interview:

- **All sources of Income including 8 paystubs, SSI statements, child support, etc.,**
- **Assets including savings and checking accounts, etc.,**
- **Retirement accounts,**
- **Stock/bonds etc.,**
- **W2/Income Tax statement for last 2 years**

ULREDC respects an individual's desire to live independently in a safe and affordable environment. Our properties are independent living communities. ULREDC does not offer supervision and support services but can make referrals to our Community Partners.

Please note that applications must be done in blue *or* black ink and shall not be accepted in any other form such as colored pens, pencil, crayon, marker, etc.



Application for Admission ULREDC Apartment Communities

Date: _____

Property Name:		Telephone:	585-454-5710
Address:		Fax:	585-697-1185
		TTD/TTY:	711 National Voice Relay

For Office Use Only:		
Date application received: _____	Time application received: _____	By: _____

Applicant Name			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female		
Current Address			
Address Line 2			
City, State, Zip			
Home Phone			
Cell Phone			
Email address			
Work Phone			
May we contact you at work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Birth date			
Social Security Number			
If you have no Social Security Number, you claim you are exempt because			
<input type="checkbox"/> You are an ineligible non-citizen			
<input type="checkbox"/> You were 62 as of 1/31/2010 and receiving HUD housing assistance as of 1/31/2010			
Is the Head-of household, co-head/spouse 62 or older?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are you enrolled in the U.S. Military or a veteran of the U.S. Military?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are you a victim of a recent presidentially declared disaster?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are you currently receiving housing assistance from HUD or a PHA?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	



Application for Admission ULREDC Apartment Communities

Have you ever been asked to sign a repayment agreement to return money to HUD?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been convicted of a crime?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, indicated if the conviction(s) was a felony, misdemeanor or check both boxes if you have been convicted of both.	<input type="checkbox"/> Felony	<input type="checkbox"/> Misdemeanor
Are you or is <u>any member</u> of the household required to register with any state lifetime sex offender or other sex offender registry?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been evicted from a federally funded housing program for a lease violation including drug use or failure to report a crime?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, when?		

Please provide a complete list of states where you have lived. This disclosure is mandatory under HUD rules and criminal screening will be reviewed in each state listed and via national criminal screening/sex offender databases. Failure to provide a complete and accurate list will result in the rejection of the application.

Please place a check next to each state where you have lived. Please include Washington, D.C. if you have lived in Washington, D.C.

- Alabama
- Alaska
- Arkansas
- California
- Colorado
- Connecticut
- Delaware
- Florida
- Georgia
- Hawaii
- Idaho
- Illinois
- Indiana
- Iowa
- Kansas

- Kentucky
- Louisiana
- Maine
- Maryland
- Massachusetts
- Michigan
- Minnesota
- Mississippi
- Missouri
- Montana
- Nebraska
- Nevada
- New Hampshire
- New Jersey
- New Mexico

- New York
- North Carolina
- North Dakota
- Ohio
- Oklahoma
- Oregon
- Pennsylvania
- Rhode Island
- South Carolina
- South Dakota
- Tennessee
- Texas
- Utah
- Vermont
- Virginia

- Washington
- West Virginia
- Wisconsin
- Wyoming

- Washington D.C.



Application for Admission ULREDC Apartment Communities

RENTAL HISTORY: *(Please write N/A if not applicable.)*

Present Landlord		
Address		
Address 2		
City, State, Zip		
Contact Name (if known)		
Phone Number		
How long have you lived at this address		
Reason for leaving		
Were you ever asked to allow or participate in extermination of pests other than regularly scheduled pest control? <i>(Includes roaches, bed bugs, rodents, etc.)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you owe the previous landlord any money when you left or do you currently have any outstanding balances owed to this landlord?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you currently receiving housing assistance from HUD?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you given this landlord notice that you will be moving?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you been evicted or is this landlord attempting to evict you or another person living with you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Previous Landlord # 1		
Address		
Address 2		
City, State, Zip		
Contact Name (if known)		
Phone Number		
How long did you live at this address		
Reason for leaving		
Were you ever asked to allow or participate in extermination of pests other than regularly scheduled pest control? <i>(Includes roaches, bed bugs, rodents, etc.)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No



Application for Admission ULREDC Apartment Communities

Previous Landlord # 2		
Address		
Address 2		
City, State, Zip		
Contact Name (if known)		
Phone Number		
How long did you live at this address		
Reason for leaving		
Were you ever asked to allow or participate in extermination of pests other than regularly scheduled pest control? <i>(Includes roaches, bed bugs, rodents, etc.)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Did you owe the previous landlord(s) any money when you left or do you currently have any outstanding balances owed to this landlord?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been asked to sign a repayment agreement to return money to HUD?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

UTILITY PROVIDERS: You may not live in the unit unless you can establish utilities in the unit.

Do you have any current outstanding balances owed to any utility provider?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will you be able to establish utilities in your unit?		
Electric.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Gas.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Water.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No



Application for Admission ULREDC Apartment Communities

Other Household Members:

Will anyone else live in the unit with you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, please note that all persons 18 and older must complete their own application.</i>		
<u>Household member's full name</u>	<u>Relationship to Head of Household</u>	
	<input type="checkbox"/> <i>Head of Household</i> <input type="checkbox"/> <i>Co-head/Spouse</i> <input type="checkbox"/> <i>Child</i> <input type="checkbox"/> <i>Other adult</i> <input type="checkbox"/> <i>Foster adult/child</i> <input type="checkbox"/> <i>Live-in Aide</i> <input type="checkbox"/> <i>None of the Above</i>	
Please provide a complete list of states this person has lived. This disclosure is mandatory under HUD rules and criminal screening will be reviewed in each state listed. Failure to provide a complete and accurate list will result in the rejection of the application.		
	<input type="checkbox"/> <i>Head of Household</i> <input type="checkbox"/> <i>Co-head/Spouse</i> <input type="checkbox"/> <i>Child</i> <input type="checkbox"/> <i>Other adult</i> <input type="checkbox"/> <i>Foster adult/child</i> <input type="checkbox"/> <i>Live-in Aide</i> <input type="checkbox"/> <i>None of the Above</i>	
Please provide a complete list of states this person has lived. This disclosure is mandatory under HUD rules and criminal screening will be reviewed in each state listed. Failure to provide a complete and accurate list will result in the rejection of the application.		



Application for Admission ULREDC Apartment Communities

Unit Size:

The owner/agent will take your unit preferences/requirements in to consideration. The owner/agents occupancy standards indicate a minimum of one person per bedroom and maximum of two people per bedroom.

If you request a unit size different from these standards, the owner/agent is required to verify the need for a larger or smaller unit in accordance with HUD Handbook 4350.3 Revision 1. Please indicate unit size preferences below.

If you require special unit features, the owner/agent may verify the need for those features in accordance with HUD Handbook 4350.3 Revision 1. Please indicate any necessary special features below.

Unit Size

<input type="checkbox"/> Studio Unit
<input type="checkbox"/> 1 Bedroom Unit
<input type="checkbox"/> 2 Bedroom Unit
<input type="checkbox"/> 3 Bedroom Unit

Special Features

<input type="checkbox"/> Mobility Accessible Unit
<input type="checkbox"/> Communication Accessible Unit (Hearing)
<input type="checkbox"/> Communication Accessible Unit (Visual)
<input type="checkbox"/> Special features or requests please list below:

Pets & Assistance/Companion Animals: Please review the property pet/assistance animal rules. The presence of any animal must be approved before the animal is allowed to be kept in the unit.

Do you plan to house an animal in the unit? Yes No

If No, please move on to the next section. If yes, please provide the following information.

ANIMAL TYPE <i>(I.E. CAT, TURTLE, ETC.)</i>	BREED <i>(IF APPLICABLE)</i>	HEIGHT <i>(MEASURED AT WITHERS IF APPLICABLE)</i>	WEIGHT

Is this animal required to live in the unit to alleviate the symptom(s) of a disability for a household member (e.g. companion animal or service animal)? Yes No



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INCOME AND ASSET INFORMATION: In order to determine eligibility and to ensure that your family receives the correct assistance, please provide the following information.

****THE OWNER/AGENT WILL NOT PROCESS THE APPLICATION IF THESE FIELDS ARE NOT COMPLETE.****

Are you employed?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide the name and address of your present employer below.			
Employer #1			
Address			
Address 2			
City, State, Zip			
Phone			
How much employment income do you expect to receive in the next 12 months?		\$	
Employer #2			
Address			
Address 2			
City, State, Zip			
Phone			
How much employment income do you expect to receive in the next 12 months?		\$	
Employer #3			
Address			
Address 2			
City, State, Zip			
Phone			
How much employment income do you expect to receive in the next 12 months?		\$	



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How much do you expect to receive in other income?

Please write 0.00, N/A, or None if you will receive no income from these sources.

****THE OWNER/AGENT WILL NOT PROCESS THE APPLICATION IF THESE FIELDS ARE NOT COMPLETE.****

Monthly Social Security? <input type="checkbox"/> Check <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Pre-paid Debit Card	\$	
Monthly Retirement Benefits? <input type="checkbox"/> Check <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Pre-paid Debit Card	\$	
Monthly VA Benefits? <input type="checkbox"/> Check <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Pre-paid Debit Card	\$	
Monthly Unemployment Benefits? <input type="checkbox"/> Check <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Pre-paid Debit Card	\$	
Are you entitled to Child Support? <input type="checkbox"/> Check <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Pre-paid Debit Card	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Monthly Child Support Amount	\$	
Are you entitled to Alimony?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Monthly Alimony Amount	\$	
Monthly Public assistance? <input type="checkbox"/> Check <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Pre-paid Debit Card	\$	
Income from a pension or annuity or other asset?	\$	
Regular contributions from organizations or from individuals not living in the unit?	\$	
Periodic Payments from Long-Term Care Insurance, Disability or Death Benefits?	\$	
Contributions from family for rent, child care, or other bills.	\$	
Any lump sum amounts from delay of payments for SSI or VA Disability	\$	
Do you receive financial aid for education assistance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Annual amount of education assistance.	\$	
Other?	\$	
Other?	\$	
Are you a fulltime student?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is Anyone in your household a fulltime student?	<input type="checkbox"/> Yes	<input type="checkbox"/> No



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Assets:

Have you sold or given away real property or other assets valued at \$1000.00 or more (including cash donations) in the past two years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you given any money to charities in the past two years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any benefits deposited into a Direct Express Debit Card account?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a checking account?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If you answered yes, you will be required to provide the most recent six months' bank statements so that we may estimate the value of the asset in accordance with HUD requirements. Please save your bank statements.</i>		
Do you have a savings account?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Balance - Please write in 0.00, NA or None if the account balance is zero.	\$	
Do you have cash that is not deposited in an account?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Value - Please write in 0.00, NA or None if the asset value is zero.	\$	
Do you have a 401K or other employment savings account?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Value - Please write in 0.00, NA or None if the asset value is zero.	\$	
Do you own an IRA or other retirement account?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Value - Please write in 0.00, NA or None if the asset value is zero.	\$	
Do any of your retirement accounts have a Required Minimum Distribution?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Amount	\$	
Do you own a home or other property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Value - Please write in 0.00, NA or None if the asset value is zero.	\$	
Do you have business income?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Value of Business - Please write in 0.00, NA or None if the asset value is zero.	\$	
Do you own stocks/bonds/certificates of deposit (CD)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Value - Please write in 0.00, NA or None if the asset value is zero.	\$	



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Do you own a life insurance policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Value - Please write in 0.00, NA or None if the asset value is zero.	\$	
Do you own an annuity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Value - Please write in 0.00, NA or None if the asset value is zero.	\$	
Is there a trust fund in your name or have you established a trust fund for someone else?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Value - Please write in 0.00, NA or None if the asset value is zero.	\$	
Do you have a safety deposit box?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are assets stored in the safety deposit box such as US Savings Bonds, cash, stocks, etc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have access to any other assets, property, insurance policies, businesses, etc.?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide a description of the asset(s) and the current asset value below:		



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FOR HUD 811 AND HUD 202 APPLICATIONS:

Deductions: Household income can be reduced based on the amount of qualified monthly expenses. Households in which the **head-of-household, co-head of household, or spouse are disabled or at least 62 years old** qualify for deductions based on out-of-pocket medical expenses. Please let us know if you or any members of your household have out-of-pocket expenses for the following:

Please write N/A if not applicable.

Do you have an HMO, a medical plan, or health insurance policy , which pays all or part of the cost of your medications?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please give the name of the HMO, plan, or insurance company. _____ _____ _____		
What amount (or percentage) of the cost must YOU pay?	\$	%
Health Insurance - 1 – annual premium	\$	
Health Insurance - 1 – annual deductible	\$	
Health Insurance - 2 – annual premium	\$	
Health Insurance - 2 – annual deductible	\$	
Dr. visit/medical treatments - annual out-of-pocket expense	\$	
Prescription Drugs - annual out-of-pocket expense	\$	
If you must pay for the medicines yourself, are you later reimbursed for all or part of the cost?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, who reimburses you? _____ _____ _____		



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Please write N/A if not applicable.

Over-the-counter medical expenses to treat a specific medical condition – annual out-of-pocket expense (<i>i.e. aspirin to treat a heart condition or calcium supplements to treat osteoporosis</i>)	\$
Personal use items – annual out-of-pocket expense (<i>i.e. glasses, incontinent supplies, hearing aids</i>)	\$
Cost/Care for Assistance/Companion Animals – annual out-of-pocket expense	\$
Mileage to and from medical appointments (<i>i.e. amount of expense(s) used for mileage</i>)	\$
Other?	\$
Other?	\$
Are there any other medical expenses, which you pay, that we should consider when calculating your rent?	
Other?	\$
Other?	\$
Other?	\$
Other?	\$

Annual Child Care for a minor 12 years of age or younger	\$
Child care is used to care for the child because the parent/guardian is: <input type="checkbox"/> Employed <input type="checkbox"/> Seeking employment <input type="checkbox"/> Going to school	
Provider Name	
Provider Address	
Provider Address 2	
City, State, Zip	
Phone	



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Please write N/A if not applicable.

Annual Cost of Care for a disabled family member to allow any adult family member to work:		\$
Provider Name		
Provider Address		
Provider Address 2		
City, State, Zip		
Phone		
Expenses for auxiliary aides for a disabled family member		\$



Application for Admission ULREDC Apartment Communities

PENALTIES FOR MISUSING THIS FORM

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government, HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

APPLICANT CERTIFICATION

By signing this document, I certify that if selected to receive the unit I/we occupy will be my/our only residence. I/we understand that the above information is being collected to determine my/our eligibility. I/we authorize the owner/manager/PHA to verify all information provided on this application and to contact previous or current landlords or other sources of credit and verification information which may be released to appropriate Federal, State, or local agencies. I/we certify that the statements made in the application are true and complete. I/we understand that providing false statements or information is punishable under Federal Law.

Applicant Name (please print): _____

Signature: _____ Date: _____

ULREDC does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.

The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988).

Name: Abigail Phillips – Office Manager
Address: 312 State Street
Rochester, NY 14608
Telephone: 585-454-5710 x 2007

See HUD Handbook 4350.3 Revision 1, Paragraph 2-29-c-3 & 4 for information about the requirements to include this information.



Ethnicity and Racial Data

Provide Your Name:

(Last, First and MI)

Your Relationship to the Head
Of Household (Select One):

- Head of Household
- Co-Head
- Foster Child/Adult
- Non-Member
- Spouse
- Dependent
- Other Adult

Ethnicity:
(Select One)

- Hispanic or Latino
- Not-Hispanic or Latino

Race (Select All that Apply):

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

Your Signature and Date Signed:

(HEAD AND CO-HEAD
MANDATORY)

Emergency Contact Information Form

This information will be extremely important in the event of an accident or medical emergency.

Applicant Name: _____

Home Phone: _____ **Last** _____ **First** _____ **MI** _____
Cell: _____

Street Address: _____

City _____ State _____ Zip Code _____

Email Address: _____

Primary Emergency Contact Name: _____

Relationship: _____ **Last** _____ **First** _____

Home Phone: _____ Cell: _____

Work: _____

Secondary Emergency Contact Name: _____

Relationship: _____ **Last** _____ **First** _____

Home Phone: _____ Cell: _____

Work: _____

Preferred Local Hospital: _____

Insurance Company: _____ **Policy #:** _____

Comments (include any special medical or personal information you would want an emergency care provider to know or special contact information):

Signature: _____ **Date:** _____