

Are you interested in cooperative, shared living arrangements? _____

Do you drive a car? _____ Do you own a car at present? _____

Please indicate the following as: excellent, good, fair or poor
Hearing _____ Eyesight _____

Please indicate your ability to perform the following activities of daily living:
Answer **A- no assistance B- some assistance needed C- need assistance**

Bathing/grooming _____ Shopping _____ Food Preparation _____

Medications _____ Laundry _____ Transportation _____

Finances _____ Housekeeping _____ Ambulation _____

How would you rate your housekeeping skills?
Excellent _____ Good _____ Fair _____ Poor _____

II. EMPLOYMENT INFORMATION (if applicable)

A. Applicant's Employer:

Name of Supervisor: _____ Phone _____

Address: _____ City/State/Zip: _____

Length of employment: _____ yrs _____ mos Gross Wage or Salary: _____

Is Employment Full Time _____ Part Time _____

III. FINANCIAL INFORMATION

A. Total 2010 Household Income: \$ _____ (From IRS 1040 Form)

B. Source of Income: (*unemployment compensation, Social Security, SSI/SSI, public assistance, alimony, pension, disability, etc.*)

\$ _____ / mo. Source: _____

\$ _____ / mo. Source: _____

\$ _____ / mo. Source: _____

Applicant Signature:



The Affordable Homes Group and all its affiliated companies is an equal opportunity housing provider. All persons are considered regardless of race, creed, color, religion, national origin, gender, age, disability or sexual preference.