Tranquil House Housing Apartments
1035 South Preston St.
Louisville, KY 40203
Residential Application

Completed application and supporting documents must be submitted in person to
Society of St. Vincent de Paul
1015-C S. Preston St., Louisville KY 40203

Last Name First Name. Middle Name

SSN DOB Age Phone.

Current Mailing address City State Zip Code

Previous (2) landlord or addresses: City State Zip code

List Race: _____ Ethnicity: Hispanic? _____yes _____no _____prefer not to answer

List all Household Members

Name	SS #	Age	DOB	Relationship	Disability

Tenants are responsible for their own utilities.

List all sources of income (Employment Income, SSI/SSDI, SNAP, etc.)

Type/Source	Amount	Frequency	Recipient

List all assets (Checking Account, Savings Account, IRA's, life insurance, etc.)

Type	Value	Location	Owner/Recipient

Describe Current & Previous Housing:
Do you currently live in subsidized housing? _____yes _____ no
If yes, provide the name of the complex or landlord and address:

Have you ever lived in subsidized housing? _____yes _____no
If yes, provide the name of the complex or landlord and address:

What is your current housing situation? _____

Is anyone in the household on the Sex Offender Registry? _____Yes _____No
List the Name: _____

Eligibility Information:
Tranquil House is a Section 202D housing program administered under Section 8. To be eligible under this program, tenants must be elderly (over age 62) or have a severe mental illness. Check *at least* one of the following eligibility options:
____I am at least 62 years of age.
____I am diagnosed with a severe mental illness and I can provide disability verification documentation for my condition.

Optional:
Name of agency where I am currently receiving mental health services:_____

Name of my current case manager: _____ Phone number:_____

I authorize the Society of St. Vincent de Paul to obtain information about my diagnosis and treatment from the above provider, such as: disability verification, treatment plan, dates of attendance, discharge summary

_____Yes _____No _____ _____
Signature *Date*

I hereby affirm that the answers to the preceding questions are true and accurate, and that I have not knowingly withheld any fact or circumstances which would, if disclosed, affect this application unfavorably. I hereby affirm that I do not presently owe any charges to any public housing authority or to the Kentucky Housing Corporation for any unpaid rent or tenant damages at the present or any former address. I hereby authorize inquiries to be made to verify the information given on this application.

Applicant Signature Date

Co-Applicant Signature Date

Housing Manager Signature Date

****Please Attach a copy of your social security card and I.D. with this application.****

The Society of St. Vincent de Paul conducts business in accordance with federal and local fair housing laws. We do not discriminate against any person based on race, color, religion, national origin, disability, age, gender, gender identity, familial status, or sexual orientation.