UNIQUE UNIT HOUSING LLC

HOUSING INTEREST & APPLICATION FORM

Independent Living | Veteran Housing | Transitional Housing

Please complete this form and return it to Unique Unit Housing LLC using the contact instructions on our website. Do not include a Social Security number, bank details, or medical records with this initial application.

1. Applicant information

Full name:

_____

Phone number:

_____

Email address:

_____

Current city and state:

_____

Preferred way to contact you: [ ] Phone [ ] Email

_____

2. Housing needs

Housing program of interest: [ ] Independent living [ ] Veteran housing [ ] Transitional housing

_____

Preferred move-in date:

_____

Preferred location / area:

_____

Number of people seeking housing:

_____

Are you applying for yourself or referring someone? [ ] Self [ ] Referral

_____

3. Housing and referral information

Do you have a housing voucher or other rental assistance? [ ] Yes [ ] No [ ] Unsure

_____

If yes, name of program (optional):

_____

Referral organization / caseworker (if applicable):

_____

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Referral contact phone or email (if applicable):

_____

Anything else you would like us to know about your housing preferences?

_____

4. Applicant acknowledgement

I confirm that the information provided is accurate to the best of my knowledge. I understand that submitting this form does not guarantee housing or establish a tenancy. Unique Unit Housing LLC may contact me about availability and next steps.

Applicant signature:

_____

Date:

_____

For office use only: Date received: _____ Follow-up status: _____

Equal housing opportunity. Applications are reviewed in accordance with applicable fair housing laws.

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