DEPARTMENT OF DEVELOPMENTAL SERVICES
COMMUNITY-BASED HOUSING SUBSIDY PROGRAM
APPLICATION

Region: _____ Applicant: _____ Date: _____

SS#: _____ Current Residence: _____

Competency Status:

Individual is own Legal Guardian: ☐ Yes ☐ No Individual has Capacity to Sign Lease: ☐ Yes ☐ No
If applicant can't sign lease, who will sign in their place: _____
**PLEASE NOTE: DDS employees cannot sign lease.*

Residence information

Proposed Residence: _____ City: _____ Zip: _____
Date of Occupancy: _____
Type of Residence: Single family ☐ 2 family ☐ 3 family ☐ Apartment ☐ Condo ☐
Below, please check items that are the applicant's responsibility to pay.
Oil ☐ Electric ☐ Gas ☐ Snow Removal ☐ Waste Removal ☐ Water Sewer ☐
Monthly Rent: _____ # Bedrooms: _____ # Baths: _____ # Floors: _____ # Rooms: _____
Landlord/Owner: _____ Phone Number: _____
Is Landlord/Owner one of following: Related Party- Ethics Approval: ☐Yes ☐ No Unrelated Party ☐
Individual viewed and participated in the decision to approve residence:

Additional Residents - *List any other residents of the home:*	**Relationship to Applicant:**	**Signed Lease**
		☐ Yes ☐ No
		☐ Yes ☐ No
		☐ Yes ☐ No

Request for Exception:

Please identify any exception that is being reported such as a rent that exceeds the allowable fair market rent or if a multiple bedroom apartment for only one person. Provide a rationale for the exception in the box below:

Agency Contact Person: _____ Phone:

Authorization:

Applicant Signature: _____ Date: _____

DDS Assistant Regional Director: _____ Date: _____

DDS Regional Director: _____ Date: _____

DDS Commissioner: _____ Date: _____

(Commissioner signature required if rental rate is over the HUD Cap)