

# Information Sheet Regarding Disaster Victim Occupant(s)

Each adult occupant over 18 must submit a separate information sheet. Spouses may submit a joint information sheet.

Date when filled out: \_\_\_\_\_

## ABOUT YOU

Full name (exactly as on driver's license or govt. ID card) \_\_\_\_\_

Your most recent street address (as shown on your driver's license or government ID card): \_\_\_\_\_

Driver's license # and state: \_\_\_\_\_

OR govt. photo ID card #: \_\_\_\_\_

Former last names (maiden and married): \_\_\_\_\_

Your Social Security #: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Sex: \_\_\_\_\_ Eye color: \_\_\_\_\_ Hair color: \_\_\_\_\_

Marital Status:  single  married  divorced  widowed  separated

Are you a U.S. citizen?  Yes  No

Do you or any occupant smoke?  yes  no

Will you or any occupant have an animal?  yes  no

Kind, weight, breed, age: \_\_\_\_\_

(You must have our permission to bring any animal into the dwelling.)

## YOUR WORK

Your most recent employer: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Work phone: (\_\_\_\_\_) \_\_\_\_\_

Position: \_\_\_\_\_

## YOUR SPOUSE

Full name: \_\_\_\_\_

Former last names (maiden and married): \_\_\_\_\_

Spouse's Social Security #: \_\_\_\_\_

Driver's license # and state: \_\_\_\_\_

OR govt. photo ID card #: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Sex: \_\_\_\_\_ Eye color: \_\_\_\_\_ Hair color: \_\_\_\_\_

Are you a U.S. citizen?  Yes  No

## YOUR CRIMINAL HISTORY

Check only if applicable. Have you, your spouse,

or any occupant listed in this Information Sheet ever:  been charged, detained, or arrested for a felony or sex crime that was resolved by conviction, probation, deferred adjudication, court-ordered community supervision, or pretrial diversion?  been charged, detained, or arrested for a felony or sex-related crime that has not been resolved by any method? Please indicate below the year, location and type of each felony and sex crime other than those resolved by dismissal or acquittal. We may need to get more information from you. You represent the answer is "no" to any item not checked above.

## OTHER OCCUPANTS

Names of all persons under 18 who will occupy the unit

(in addition to residents and occupants already authorized to live in the unit). Continue on separate page if more than three.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Sex: \_\_\_ DL or govt. ID card# and state: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Sex: \_\_\_ DL or govt. ID card# and state: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Sex: \_\_\_ DL or govt. ID card# and state: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Social Security #: \_\_\_\_\_

## YOUR VEHICLES

List all vehicles owned or operated by you, your spouse, or any occupants

(including cars, trucks, motorcycles, trailers, etc.). Continue on separate page if more than two.

Make and color of vehicle: \_\_\_\_\_

Year: \_\_\_\_\_ License #: \_\_\_\_\_ State: \_\_\_\_\_

Make and color of vehicle: \_\_\_\_\_

Year: \_\_\_\_\_ License #: \_\_\_\_\_ State: \_\_\_\_\_

## AUTHORIZATION/ACKNOWLEDGMENT

I or we authorize (owner's

name) \_\_\_\_\_

to verify, by all available means, the above, including reports from consumer reporting agencies before and/or during your stay in our dwelling unit. I understand that all of the occupants listed on this Information Sheet must abide by the Lease Contract and the community policies or rules. You acknowledge that our privacy policy is available to you.

Occupant's signature \_\_\_\_\_

Spouse's signature \_\_\_\_\_