



STERLING PLACE APPLICATION

APPLICANT INFORMATION

Name of Head of Household: _____

Social Security Number: _____

Marital Status: ___ Single ___ Married ___ Separated ___ Divorced ___ Widowed

Street Address: _____

City: _____ State: _____ Zip Code: _____

DOB: _____

Age: _____

Phone Number: _____

HOUSEHOLD COMPOSITION

Legal Name	Relationship	DOB	Age	Sex	Social Security Number	Race	Hispanic or Non-Hispanic

LOCAL PREFERENCES

PREFERENCES	YES	NO
1. I am a resident of Fulton County.		
2. I am elderly (62 years of age & Over).		
3. I am Homeless		
4. I am currently working with a history of employment at least 6 months.		
5. I am Disabled.		
6. I am a Veteran with a DD – 214 Certificate.		
7. I am a victim of domestic violence, dating violence, sexual assault, and stalking.		

INCOME

Total Annual Gross Income from all sources: _____

Source of Income: ___ SSI / SSA ___ Work ___ Other _____

RACIAL / ETHNIC DESIGNATION

___ Black ___ White ___ Native American ___ Asian / Hispanic ___ Other

I CERTIFY THAT THE STATEMENTS MADE ON THIS FORM ARE TRUE AND COMPLETED TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Head of Household Signature

Date

"We're Building Something Better"