

TIME RECEIVED _____
DATE RECEIVED _____

FOUR RIVERS BEHAVIORAL HEALTH
530 COUNTY PARK ROAD
PADUCAH, KY 42001
PHONE 270-442-1452 ext.854
FAX 270-448-0107

CHRISTOPHER HOUSE APARTMENTS
PRELIMINARY APPLICATION FOR HOUSING

DATE _____ APPLICANT BIRTHDATE ____/____/____

APPLICANT NAME _____

APPLICANT ADDRESS _____

APPLICANT PHONE NUMBER _____ RACE _____

APPLICANT SOCIAL SECURITY NUMBER _____ OPTIONAL

Please attach a copy of card

GUARDIAN NAME _____

GUARDIAN ADDRESS _____

GUARDIAN PHONE NUMBER _____

Current income: _____
Amount Source

Assets currently held _____

Assets disposed of in the last two years _____

Has the applicant ever lived in subsidized housing? _____

If yes, when? _____ Where? _____

NON-DISCRIMINATION DISCLOSURE

Four Rivers Behavioral Health's Fuller Apartments adheres to the Civil Rights and Fair Housing Acts and Section 504 of the Rehabilitation Act and will not discriminate against applicants or residents on the basis of race, color, national origin, sex, age, disability, religion, familial status, or socioeconomic class.

Applicant Signature _____

Guardian Signature _____

Please return to:

AMY ALLEN
FOUR RIVERS - CENTEPOINT
530 COUNTY PARK ROAD
PADUCAH, KY 42001
PHONE 270-442-1452 ext. 854
FAX 270-448-0107