



**THE CAIN CENTER FOR THE DISABLED, INC.
924 EAST LIBERTY STREET
LOUISVILLE, KY 40204**

PHONE: (502) 589-3030 FAX: (502) 589-9934 TDD: 800-247-2510

**PRE-APPLICATION FOR RESIDENCE
(TO BE ADDED TO THE WAITING LIST)**

Full Legal Name: _____ **Social Security No.** _____

Applicant's Date of Birth: _____ **Gender:** _____ **Home Phone:** _____

Present Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Spouse/Co-Applicant: _____ **Social Security No.** _____

Co-Applicant's Date of Birth: _____ **Home Phone:** _____

To Qualify for residency at any of The Cain Center properties, the Applicant must be 18 years of age or older and have a primary PHYSICAL disability. Each Applicant must be able to arrange for and finance his/her own physical care and finances without dependency on The Cain Center or other residents.

Location of Subsidized Housing Desired:

Jim Cain Home (Group Home) 727 East Chestnut Street 1 BR

Brown MacKinnon Apartments 924 East Liberty Street 1BR **2BR** **3BR**

Mullins Roberts Apartments 3241 Young Avenue 1BR **2BR**

Hagan Trabue Apartments 2600 Edsil Johnson Way 1BR

Anderson Place Apartments 6700 Sappenfield Way 1BR **2BR**

Thompson Woodlief Apartments 1700 Linda House Way 1BR **2BR**

Judes Place Apartments 511 Mount Holly Road 1BR **2BR**

Adams Bodine Apartments 2500 Roger Hughes Way 1BR **2BR**

Edsils Place Apartments 5700 Tommy Tucker Way 1BR **2BR**

What type of accessible features do you require in the apartment?

Unit accessible to a wheelchair **Roll In Shower** **Modified Bath**

Hearing Impaired Features **Visually Impaired Features**

Other: _____

PLEASE SUPPLY THE FOLLOWING INFORMATION ABOUT HOUSING COMPOSITION:

Number of Persons in Household: _____

Is any member of the household currently a full time/part time student? Yes No

Estimated Annual Income from ALL Sources:

Income Source	Estimated Amount

Have you disposed of any assets within the last two years? Yes No

Value of ALL assets currently owned by ALL household members: _____

Do you have any out-of-pocket medical expenses: Yes No

List ALL states where the Applicant or ANY Household member has lived: _____

Have you ever lived in Section 8/Subsidized Housing? Yes No

If yes, please document when and where:

Is the Applicant or ANY Household Member subject to a Lifetime Sex Offender Registry in Kentucky or ANY OTHER state? Yes No

Has the Applicant or ANY Household Member ever been convicted of any drug or criminal activity?

Yes No

Additional Contact Person NOT in household:

Name: _____ **Home Phone:** _____

By signature of this Application, I/We affirm that the information supplied in this Application is true, complete, and accurate.

I/We agree to notify The Cain Center regarding any change in household composition, address, telephone numbers, accessibility features and income.

Applicant's Signature

Date

Signature of Cain Center Management

Date

Time