



**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**