



 Site Address

 Site Number

 Site Email

Date & Time Stamp

Site: _____

PRE-APPLICATION

PLEASE NOTE:

This pre-application is used to be entered onto the waiting list electronically and this pre-application will be used to run a credit & criminal background check for all adults 18 years of age & older. A full application will need to be completed upon interview process.

Please complete and return as instructed.

NAME: _____ CONTACT NUMBER: _____

MAILING ADDRESS: _____

EMAIL ADDRESS: _____

EMERGENCY CONTACT NAME: _____ PHONE NUMBER: _____

List Full Name, Social Security Number, Age & Date Of Birth Of All Household Members: **INCLUDING HEAD OF HOUSEHOLD**

	Name	Relationship to Head	Social Security Number	Age	Date of Birth	Full Time Student (Y/N)
HH		SELF				
1						
2						
3						
4						
5						
6						
7						
8						

Bedroom size desired: _____

Source of Income (Check all that apply):

Employment _____ SS _____ SSI _____ Child Support _____ Alimony _____ Pension _____ Disability _____
 Regular Cash Contributions _____ Self Employment _____ Homeless (Yes/No): _____

Total Gross of all above annual household income: \$ _____ Housing Voucher (Yes/No): _____

FOR OFFICE USE ONLY				
Application Entered By:				
Application Entered On:				
Elderly/Disabled Housing				
General Developments				
Bedrooms	1	2	3	4



Does your household require an accessible unit? If yes, please identify the special feature needed:

Current Landlord: _____ Rental Amount: \$ _____
Landlord Address: _____
Landlord Phone Number: _____ How long have you lived here? _____

For Statistical Purposes Only:

Race of Head of Household (check one):

White Black American Indian/Alaskan Native Asian Other Do not wish to answer

Ethnicity of Head of Household (check one):

Hispanic Non-Hispanic Do not wish to answer

I/we certify that if selected to live in this affordable housing, the unit I/we occupy will be my/our only residence. I/we understand that the above information is being collected to determine my/ our eligibility. I/we authorize the owner/manager to verify all information provided on this application for credit and criminal background verification information which may be released to appropriate Federal, State, or local agencies. I/we certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/we understand that false statements or information are punishable under Federal Law.

Signature of Head of Household

Date

Signature of Co-Head of Household

Date

Signature of Member 18 or older

Date

Signature of Member 18 or older

Date

