

ELIGIBILITY & TENANT SELECTION

PRE-APPLICATION FOR ASSISTANCE

1. List each person who would live with you if you receive housing assistance. (Start with yourself)

Last Name	First Name	Date of Birth	Sex	Relationship To You	Gross Monthly Income	Social Security No.
1.						
2.						

2. Does anyone live with you now who is not listed above? Yes No

3. Do you expect any change in your household composition? Yes No

4. Are you a student? Yes No

5. Do you currently: A) Own your home; B) Rent; C) Live with friend or relative

6. Are you a veteran? Yes No

7. Are you a U. S. citizen? Yes No

8. If you answered yes to either #2 or #3, please explain: _____

9. Do you have any assets? (Bank accounts, stocks, bonds, certificate of deposit, house/land etc.) _____

10. Mailing Address: _____
 City: _____ State: _____ Zip Code: _____

11. Street Address (if different from above): _____
 City: _____ State: _____ Zip Code: _____

12. Daytime Phone: _____ Evening Phone: _____

13. Please identify any special housing needs your household has: _____

14. [For statistical purpose only] (Check one in "a" and one in "b")

- a. The head of your household is:
 Black White American Indian / Alaskan Native Asian / Pacific Islander
- b. Ethnicity of the head of household is: Hispanic Non-Hispanic
- c. How were you notified about the apartments? (Check all that apply).
 Newspaper Radio Brochures/Leaflets Site Signs Waiting List
 Community Contacts

APPLICATION CERTIFICATION: I certify that the statements made on this pre-application are true and complete to the best of my knowledge and belief. I understand that providing false statements or incomplete information may result in punishment under Federal Law.

 SIGNATURE OF HEAD OF HOUSEHOLD _____
 DATE

 SIGNATURE OF SPOUSE OR CO-HEAD _____
 DATE

(Rev. 05/10)

