Initial Preliminary Application	inary Ap	plicat	tion Form		Acce	essible for:	nat available	on req	luest Conta	Accessible format available on request. Contact the ADA Coordinator.	pordinator,
Who is the Head of Household? (Use Legal Name): Last	i sehold? (Use Le	egal Nam	e):	 Sex	SSN	Ž	DOB	Age	Monthly Income: \$	ome: \$	
-				;					Income Source	Irce	
Race: UMnite	□ Black □ A	merican I	☐ American Indian/Alaska Native		☐ Asian or Pacific Islander	nder	Ethnicity:		☐ Hispanic	□ Non-Hispanic	ਨ
of the	housing progra	ms are yo	ou applying for?		☐ Public Housing		☐ Project-based			ι.	
What is your present street address?	reet address?							Emerg	Emergency Contact Person	ct Person	
Street address	Street				City	State	Zip	Name			
Mailing address					,			> ddroo	ò		
	Street				City	State	Zip	700100			
Home Phone		Cell Phon	œ.	Ви	Business Phone			<u>e</u>			
What other adults will be living in the unit?	e living in the u	nit?					4				
Legal Name		Sex	Relationship to head	<u>a</u>	SSN	DOB	Age		School Name or Occupation	me or lion	Monthly Income
				•							€
										æ	49
What minors will be living in the unit?	ing in the unit?		•								
Legal Name		Sex F	Relationship to head	d	SSN	DOB	Age		Sc	School Name	
									548		
Do you require any modifications or accommodations in order to fully utilize the unit or the program and its services?	modification	s or acc	ommodations	in orde	r to fully utiliz	ze the uni	t or the pro	ogram	and its se		□ Yes □ No
Have you or anyone in your household been evicted from Public or Assisted Housing for drug related activity within the past 5 years?	your househol	d been e	victed from Public	or Assis	ted Housing for	drug relate	ed activity wi	thin the	past 5 year	s? ☐ Yes ☐ No	No
Signature								Date			
NOTICE: You are required to notify the Housing Authority (in writing) of any change of address. If we cannot contact you at the above address, your name may be removed from the waiting list, and you will have to re-apply	You are required to notify the Housing Authority (if from the waiting list, and you will have to re-apply	lousing Avill have to	uthority (in writing) re-apply	of any cha	inge of address. I	If we cannot	contact you a	t the abo	ove address,	your name ma	y be removed
	Date:		Time:				Paraivad	P.			
FITA STAIL OHLY:	Date.		IIIe.				neceived by.	ارو			