

# Initial Preliminary Application Form

Accessible format available on request. Contact the ADA Coordinator.

Who is the Head of Household? (Use Legal Name):  
 Last First M.I. Sex SSN DOB Age Monthly Income: \$  
 Income Source

Race:  White  Black  American Indian/Alaska Native  Asian or Pacific Islander **Ethnicity:**  Hispanic  Non-Hispanic

Which of the following housing programs are you applying for?  Public Housing  Project-based

What is your present street address?  
 Street address \_\_\_\_\_ Street City State Zip  
 Mailing address \_\_\_\_\_ Street City State Zip  
 Home Phone \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Business Phone \_\_\_\_\_

Emergency Contact Person  
 Name \_\_\_\_\_ Address \_\_\_\_\_  
 Tel. \_\_\_\_\_

What other adults will be living in the unit?

Legal Name	Sex	Relationship to head	SSN	DOB	Age	School Name or Occupation	Monthly Income
							\$
							\$

What minors will be living in the unit?

Legal Name	Sex	Relationship to head	SSN	DOB	Age	School Name

Do you require any modifications or accommodations in order to fully utilize the unit or the program and its services?  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?  Yes  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

FHA Staff Only: Date: \_\_\_\_\_ Time: \_\_\_\_\_ Received By: \_\_\_\_\_