

PHA Use Only: Date of Application: _____	Time of Application: _____	Lottery Number: _____
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Pre-Application for Public Housing

1. Name of head of household: _____
2. Name of adult co-head of household: _____
3. Current address, street, apt.#: _____
 Current city, state and zip: _____
 Current area code and phone: _____

For Statistical Purposes Only

4. Race of head: African American / Black Asian or Pacific Islander
 Native American / Alaskan Native Caucasian / White
5. Ethnicity of head: Hispanic / Latino Non-Hispanic / Non-Latino

Family Information

	First Name & Last Name if different from Head's	Date of Birth	Sex	Social Security Number	Relation to Head	Disabled Person?	Birthplace: Country	Full-Time Student?
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2								
3								
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5								
6								
7								
8								

6. Is the applicant family displaced by a declared natural disaster, such as a flood, hurricane, earthquake, tornado, etc.? Yes No
7. Is the applicant family displaced by governmental action through no fault of their own? Yes No
8. Is the applicant family displaced by domestic violence? Yes No
9. Is any adult family member employed? Yes No
10. Is any adult family member enrolled in a job training program, including one required under the welfare program? Yes No
11. Is any adult family member enrolled in an education program full-time? Yes No

12. Family Income Information: Please list the source and amount of all current income received by all family members, including yourself. Include all earnings and benefits received from AFDC/TANF, VA, Social Security, SSI, SSID, Unemployment, Worker's Compensation, Child Support, etc.

Family Member Name	Income Source	Amount \$	Frequency - Per
			<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year
			<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year
			<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year
			<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year

13. Current landlord's name and phone #: _____
Date family moved to this location: _____

14. Most recent former address, street, apt. #: _____
Most recent former city, state and zip: _____
Most recent former area code and phone #: _____

15. Most recent prior landlord's name, phone #: _____
Date family moved to this location: _____

PHA will be contacting all former landlords for the period of three years from the date of application.

I/we certify that the statements on this application are true to the best of my/our knowledge and belief and understand that they will be verified. I/we authorize the release of information to the Housing Authority by my/our employer(s), the Department of Public Assistance, the Social Security Administration, and/or other business or government agencies. I/we understand that any false statement made on this application will cause me/us to be disqualified for admission.

Applicant Signature

Date

Co-Applicant Signature

Date

Warning: 18 U.S.C. provides, among other things that whoever knowingly and willfully makes or uses a document or writing containing false, fictitious or fraudulent statement or entry in any matter within the jurisdiction of any department of the United States shall be fined not more than \$10,000 or imprisoned for not more than five years or both.