

PHA use Only:  
 Date / Time of application: \_\_\_\_\_

**Pre-application for Public Housing**

1. Name of head of household: \_\_\_\_\_
2. Name of adult co-head of household: \_\_\_\_\_
3. Current address: Street / Apt. #: \_\_\_\_\_  
 City, State and Zip Code: \_\_\_\_\_  
 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**

| (Name)<br>Last, First & Middle Initial | Date of Birth | Age | Sex | Social Security Number | Relation To Head  | Disabled Person | Birthplace City & State | Full Time Student |
|--|---------------|-----|-----|------------------------|-------------------|-----------------|-------------------------|-------------------|
|  |               |     |     | ____ _                 | Head of Household |                 |                         |                   |
|  |               |     |     | ____ _                 |                   |                 |                         |                   |
|  |               |     |     | ____ _                 |                   |                 |                         |                   |
|  |               |     |     | ____ _                 |                   |                 |                         |                   |
|  |               |     |     | ____ _                 |                   |                 |                         |                   |
|  |               |     |     | ____ _                 |                   |                 |                         |                   |

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 government action through no fault of their own?  
 Yes     No
8. Is the applicant family displaced by domestic violence?  Yes     No
9. Accessible accommodations required?  Yes     No
10. Have you ever lived in government-subsidized housing?  Yes     No  
 From \_\_\_\_\_ to \_\_\_\_\_.  
 If yes, please provide the following information about your most recent subsidized housing:  
 Name and address of site / landlord: \_\_\_\_\_  
 \_\_\_\_\_

11. Is any family member employed?  Yes  No

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_  
\_\_\_\_\_

12. Is any adult family member enrolled in a job training program, including one required under the welfare program?  Yes  No

13. Is any adult family member enrolled in an education program full-time?  Yes  No

14. **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 Income | 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 |

15. Current Landlord's name and phone # \_\_\_\_\_  
Date Family Moved to this location \_\_\_\_\_

16. Most recent former address, Street, Apt. # \_\_\_\_\_  
Most recent former City, State and Zip \_\_\_\_\_  
Most recent former Area Code and Phone # \_\_\_\_\_

17. Most recent prior landlord's name, phone # \_\_\_\_\_  
Date Family Moved to this location \_\_\_\_\_

**PHA will be contacting all former landlords for the period 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 statements 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. 1001 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 an department or agency of the United States shall be fined not more than \$ 10,000 or imprisoned for not more than five years or both.