

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

**Pre-application for Affordable (Public) Housing**

1. Name of head of household: \_\_\_\_\_
2. Name of adult co-head of household: \_\_\_\_\_
3. Current physical address: \_\_\_\_\_ City, State, and Zip \_\_\_\_\_  
 Current mailing address: \_\_\_\_\_ City, State, and Zip \_\_\_\_\_  
 (Area Code) and Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

**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) Last, First & Middle Initial	Date of Birth	Age	Sex	Social Security Number	Relation To Head	Disabled Person	Birthplace City & State	Full Time Student	Military Vet
				____ _	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 | Start date: \_\_\_\_\_ Hrs/Wk \_\_\_\_\_  
 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.