

PRE-APPLICATION FOR ASSISTANCE

HELP HOUSING FOR THE DISABLED

List each person who would live with you if you receive housing assistance.

Last Name	First Name	Age	Sex	Relationship To You	Annual Income	Social Security No
				SELF		

- 2) Does anyone live with you now who are not listed above? Yes No
- 3) Do you expect any change in your household composition? Yes No
- 4) If you answered yes to either #2 or #3, please explain: _____

5) Current Address: Street Address _____
 City _____ State _____ Zip _____ Apt. No _____
 Daytime Phone: _____ Evening Phone: _____

6) Please identify any special housing needs your household has. _____

- 7) (For statistical purpose only) check one box.
- a) Is the head of your household?
- White Black American Indian/ Alaskan Native Asian
- Hispanic Non-Hispanic

Applicant Certification: I certify that the statements made on this pre-application are true and complete to the best of my knowledge and belief. I understand that providing false statements or incomplete information may result in punishment under Federal Law.

_____/_____/_____
Signature of Head of Household Signature of Spouse or Co-Head Date



For Office Use Only: Applicant Certification:

 Involuntarily Displaced Living Substandard Housing

 Paying more than 50% of income for rent Optional Local Preference (s)

 Ranking Preference