

**PRE-APPLICATION FOR ASSISTANCE**

**SIX CHIMNEYS**

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