



PRE APPLICATION FOR HOUSING

HUD, HFA, USDA, USDA with Section 8, Tax Credit with Section 8

Apartments

PLEASE READ THE PRE APPLICATION AND ALL ATTACHMENTS CAREFULLY.

Include an answer for all questions, or indicate that the question is not applicable. Pre Application information must be complete. If not complete, it will be returned to the applicant. **It is your responsibility** to contact this office every six months to advise us of any changes in your circumstances: address, phone, income, number of household members, etc. to maintain your position on the waiting list.

OFFICE USE ONLY

Date Rec'd: _____

Time Rec'd: _____

Management Signature _____

How did you hear about our Apartment Community: _____

DISCRIMINATION: By Federal and State law, it is illegal to discriminate against applicants or residents on the basis of their Age, Disability, Familial Status, Color, National Origin, Race, Religion, Gender, Marital Status and Sexual Orientation. In addition, the owners of this apartment community have a legal obligation to provide "reasonable accommodation" to applicants and residents if they or any member of their household have a qualified disability or handicap and request reasonable accommodation.

You must use the **CORRECT LEGAL NAME** for each member of your household as it appears on his/her Social Security card(s). A separate pre application is required from each applicant 18 years of age or older. Please print neatly in ink.

ADULTS NAME AS IT APPEARS ON SOCIAL SECURITY CARD	RELATIONSHIP TO APPLICANT	DATE OF BIRTH	SOCIAL SECURITY OR ALIEN REGISTRATION NUMBER	DRIVER'S LICENSE / PHOTO ID NUMBER	STUDENT 18 YEARS OR OLDER YES / NO
	SELF				

Current Address		City/State/Zip	
Mailing Address		City/State/Zip	
Home Phone	Cell Phone	e-mail	

CITIZENSHIP/IMMIGRATION STATUS: Are YOU a United States Citizen or a legal or qualified Alien? <input type="checkbox"/> yes <input type="checkbox"/> No	APARTMENT SIZE REQUESTED Please circle 1 2 3 4 5
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MINORS NAME AS IT APPEARS ON SOCIAL SECURITY CARD	RELATIONSHIP TO APPLICANT	DATE OF BIRTH	SOCIAL SECURITY OR ALIEN REGISTRATION NUMBER	UNITED STATES CITIZEN OR A LEGAL OR QUALIFIED ALIEN?
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO

Ethnicity of Applicant <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not-Hispanic or Latino	Race/National Origin of Applicant (mark one or more) <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> American Indian or Alaska native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White
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DISABILITY: It is not necessary to give us details about your disability unless you are requesting an accommodation.

a. Do you claim a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	b. Do you need an accommodation to help you complete the application process? <input type="checkbox"/> Yes <input type="checkbox"/> No	c. Do you need an accommodation in housing features as a result of your disability? <input type="checkbox"/> Yes <input type="checkbox"/> No
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If "yes" to b. or c. what accommodation do you request?

ASSETS AND INCOME: Provide Gross (not net) amounts for all questions.

Value of family assets. Assets include bank accounts, investments and real estate. \$ _____	Total monthly income Include income from all family members. You may estimate. \$ _____	Income sources(s) Check all that apply: <input type="checkbox"/> Wages <input type="checkbox"/> SS <input type="checkbox"/> SSI <input type="checkbox"/> Pension <input type="checkbox"/> TANF <input type="checkbox"/> Child Support <input type="checkbox"/> Interest/Annuity <input type="checkbox"/> Worker's Compensation <input type="checkbox"/> Other Assistance: _____ <input type="checkbox"/> Someone pays my bills/gives me money: \$ _____ (list how much)
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APPLICANT CERTIFICATION: I hereby certify that the information I have provided in this pre-application is true and accurate. I understand that if I do not provide all of the information requested or if I deliberately submit false information regarding income, family composition or other data, my name may not be added to the waiting list. I understand that by providing any false information will result in my application being cancelled or denied. I understand that once I reach the top of the waiting list I will be required to fill out the full complete Application.

I CERTIFY THAT THE STATEMENTS MADE ON THIS APPLICATION ARE COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.	
_____ APPLICANT SIGNATURE	_____ DATE