



NAME	RELATIONSHIP	BIRTHDATE	SOC. SEC. NUMBER
1 _____			
2 _____			
3 _____			
4 _____			
5 _____			
6 _____			

How did you hear about our programs? \_\_\_\_\_

Citizenship status: Are you and all of the members of your household United States citizens? \_\_\_Yes \_\_\_No  
 If No, will any members of your household elect not to contend their eligible immigration status? \_\_\_Yes \_\_\_No

To the best of your knowledge, has anyone in the household been charged, arrested, and/or convicted of **any** crime(s) or for illegal use, possession, or distribution of drugs or abuse of alcohol within the last 10 years, or are there charges pending at this time? \_\_\_ Yes \_\_\_ No If Yes, list who and the conviction. \_\_\_\_\_  
 \_\_\_\_\_

Are you or anyone in your household subject to a required State lifetime sex offender registration program? \_\_\_Yes \_\_\_No

Are you or anyone in your household now living in Public Housing, Section 8 housing, any federally subsidized housing unit, or a unit with a housing voucher? \_\_\_Yes \_\_\_No  
 Explain: \_\_\_\_\_

Have eviction charges ever been filed against you at a District Magistrate's Office for non-payment or late payment of rent to your landlord or for any other reason? \_\_\_Yes \_\_\_No  
 Explain: \_\_\_\_\_

<b>Name, address, and phone of present landlord:</b>	<b>Name, address, and phone of most recent former landlord:</b>
_____	_____
_____	_____
_____	_____

**TOTAL HOUSEHOLD INCOME:** Include all money earned or received by every member (over the age of 18) who will be living in the household. This includes money from wages, self-employment, Unemployment compensation, child support, regular in-kind or cash gifts, Social Security (Include Social Security Disability for everyone in the household, **including anyone under the age of 18.**), disability payments, Workman's Compensation, retirement benefits, TANF, Veterans' benefits, alimony, rental income, mortgage or loan income, trust funds, interest income from assets, settlements, and all other sources. Exclude earned income by members under 18 or still in high school.

**CALCULATE TOTAL HOUSEHOLD INCOME BEFORE TAXES OR DEDUCTIONS:**

Name of household member	Source of income	Yearly Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**TOTAL:**  
 \_\_\_\_\_

**ASSETS: Check below** what you or the members of your household own (or partially own):

- Bank accounts (checking, savings, CD, IRA, Keogh, etc.)
- Mobile home
- Real Estate
- Investments
- Stocks or bonds
- Life insurance policies (with a cash value)

**ALLOWANCES:**

- Do you pay for childcare for a child 12 or younger while a family member works?  Yes  No
- Do you pay for a care attendant or any equipment for a family member with disabilities to enable that person or another family member to work?  Yes  No
- Do you have Medicare?  Yes  No
- Do you pay premiums and/or co-payments for any other kind of medical insurance?  Yes  No

**APPLICANT/HOUSEHOLD MEMBERS' CERTIFICATION (YOU ARE AGREEING TO EACH OF THE FOLLOWING):**

*HEAD OF HOUSEHOLD MUST INITIAL EACH OF THE FOLLOWING:*

**I/WE HAVE RECEIVED A COPY OF 'APPLICANT/TENANT SELECTION CRITERIA' WITH THIS PRE-APPLICATION FORM.**

I/we certify that all the information provided in this pre-application is accurate and complete to the best of my/our knowledge and belief.

**CRIMINAL AND ADMINISTRATIVE ACTION FOR FALSE INFORMATION**

I/we understand that knowingly supplying false, incomplete, or inaccurate information is punishable under Federal and State criminal law. I/we understand that knowingly supplying false, incomplete, or inaccurate information is grounds for denial or termination of housing assistance.

**All questions are required reporting information:**

**Race of Head of Household:**  White  Black or African-American  American Indian/Alaskan Native  Asian  Pacific Islander/Native Hawaiian

**Ethnicity of Head of Household:**  Hispanic or Latino  Not Hispanic or Latino

**Gender:**  Male  Female

The information solicited on this application is requested by the apartment manager in order to assure the Federal Government and the Federal Laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, marital status, age, and handicap are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race/national origin and sex of individual applicants on the basis of visual observation or surname.

**SIGNATURE OF APPLICANT AND EACH HOUSEHOLD MEMBER AGE 18 OR OVER / DATE**

- 1. \_\_\_\_\_ 5. \_\_\_\_\_
- 2. \_\_\_\_\_ 6. \_\_\_\_\_
- 3. \_\_\_\_\_ 7. \_\_\_\_\_
- 4. \_\_\_\_\_ 8. \_\_\_\_\_

This institution is an equal opportunity provider.