

Pre-application for housing assistance

Time and Date Received:
For Office Use Only



All fields are required. If you fill this page in by hand, print neatly and use ink.

1. Personal Information Social Security number _____ Birthdate (mm/dd/yy) _____ <input type="radio"/> Yes <input type="radio"/> No Student? Phone number 1 (include area code) _____ Phone number 2 (include area code) _____	2. Name and address of head of household Full Name (last, first, middle initial) _____ Mailing Address _____ Apartment Number _____ City _____ State _____ Zip _____ Address where you are currently living (if different from address above) City _____ State _____ Zip _____
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3. Sex <input type="radio"/> Male <input type="radio"/> Female	4. Ethnicity <input type="radio"/> Hispanic <input type="radio"/> Non-Hispanic	5. Race <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Native American <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Other	6a. What language do you speak at home? _____ 6b. Do you need an interpreter? <input type="radio"/> Yes <input type="radio"/> No
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7. Disability. It is not necessary to give us details about your disability unless you are requesting an accommodation.

7a. Do you claim a disability? <input type="radio"/> Yes <input type="radio"/> No	7b. Do you need an accommodation to help you complete the application process? <input type="radio"/> Yes <input type="radio"/> No	7c. Do you need an accommodation in housing features as a result of your disability? <input type="radio"/> Yes <input type="radio"/> No
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7d. If "yes" to 7b or 7c, what accommodation do you request?

8. Current living situation
Check all that apply. See instructions on the opposite page for definitions.

<input type="checkbox"/> I own my home	<input type="checkbox"/> My household is homeless	<input type="checkbox"/> I have a housing voucher
<input type="checkbox"/> I am currently renting	<input type="checkbox"/> My household is long-term homeless	<input type="checkbox"/> Other

9. Assets and income. Provide gross, not net, amounts for all questions

9a. Value of family assets Assets include bank accounts, investments, and real estate. \$ _____	9b. Total monthly income Include income from all family members. You may estimate. \$ _____	9c. Income source(s) Check all that apply <input type="checkbox"/> Wages <input type="checkbox"/> SSA <input type="checkbox"/> SSI <input type="checkbox"/> Pension <input type="checkbox"/> Child support <input type="checkbox"/> TANF <input type="checkbox"/> Interest/annuity income <input type="checkbox"/> Workers Compensation <input type="checkbox"/> Other
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10. Choose your housing Write in the name of the property you wish to apply for.

Property _____

11a. Number of Bedrooms: How many bedrooms do you want?

 Efficiency 2 BR 4 BR
 1 BR 3 BR

11. List others who will live with you. Include unborn children and live-in aides. If you have more than 5 people living with you, write them in on the next page.

	Relation	Last Name	First Name	Sex (M/F)	Birthdate	Disabled (Y/N)	Student (Y/N)
1							
2							
3							
4							
5							

How many people total will be living in the apartment or townhome you are applying for?	Are you or any member of your family subject to lifetime registration under the state sex offender program? <input type="radio"/> Yes <input type="radio"/> No	Has your housing assistance ever been terminated for fraud, non-payment, failure to cooperate with recertification, or for any other reason? <input type="radio"/> Yes <input type="radio"/> No	Have you or any member of your household ever been convicted of a felony or misdemeanor other than a traffic violation? <input type="radio"/> Yes <input type="radio"/> No	Have you or any member of your household ever been convicted of the illegal distribution or manufacture of an illegal drug or other illegal controlled substance? <input type="radio"/> Yes <input type="radio"/> No
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I hereby certify that the information I have provided in this pre-application is true and accurate. I understand that my having provided any false information will result in the application being canceled or denied or in the termination of my housing assistance. I understand that at the time I rise to the top of a waiting list, I will be required to verify the information I have provided here. I accept responsibility for keeping **Preimer Management** informed of my current address.

Signature of head of household. *May be typed* _____ Date _____
 Signature of spouse or co-head. *May be typed* _____ Date _____

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.