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To be completed by office staff:	
Application Number	
Date Application Rec'd	
Time Application Rec'd	
Initials of Staff Member	

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## HEAD OF HOUSEHOLD

NAME:		SSN:			
(First)	(Middle Initial)		(Last)		
CURRENT ADDRESS:				HOME #:	
	(House #)	(Street Name)	(Apt. #)		
				CELL #:	
				-	
(City)	(State)		(Zip Code)	WORK #:	
EMAIL:				_ D.O.B:	
How did you hear about us?			DRIVER LICENSE STATE:		
•				DRIVER LICENSE NUMBER:	

## HOUSEHOLD MEMBERS

Name	DOB	M/F	Relationship	Soc. Sec. Number	DL State & Number

## **ANNUAL HOUSEHOLD INCOME**

Employment/Wages	\$
Social Security Income	\$
Social Security Disability Income	\$
Public Assistance (Welfare/TANF)	\$
Child Support	\$
Pension	\$
Other Income (Please Specify):	\$







Preferences for Determining Waiting List Position (if applicable)

Do you or any member of your household have a DISABILITY?				Ν
Is the Head of Household or Spouse 62 years of age or older or disabled?			Y	N
Are you currently employed?			Y	N
Are you a student or recent graduate of an educational or training program?			Y	N
Were you involuntarily displaced due to a natural disaster?			Y	N
Are you homeless?			Y	N
Do you require a unit with special features? (e.g. unit for mobility impaired, visually impaired, hearing impaired, walk-in shower, grab bars, no steps, etc.)			Y	N
If yes above, please circle features required:				
Unit for mobility impaired	Unit for visually impaired	Unit for hearing impaired		
Grab bars	No steps	Other:		
Describe:	•	•		•

I hereby certify that the above is true and correct and complete to the best of my knowledge. I understand that any false statement or misrepresentation will be grounds for expulsion from the program and/or prosecution under Title 18, Section 1001 of the US Code.

\_\_\_\_\_, hereby give my permission for a credit and criminal background I, \_\_\_\_ check, which is part of the application process.

\_\_\_\_\_, hereby give my permission for a credit and criminal background l, \_\_\_\_ check, which is part of the application process.

\_\_\_\_\_, hereby give my permission for a credit and criminal background l, \_\_\_\_ check, which is part of the application process.

Applicant Signature:	Date:
Applicant Signature:	Date:
Applicant Signature:	Date:

## Types of Program Assistance (For Office Use ONLY)

**\*\*Important:** You must notify us promptly should any information on this application change



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