



# HUD

## Prelim Application

**THIS IS ONLY A PRELIMINARY APPLICATION** that will be used to place your name on the above WAITING LIST. Once your name comes to the top of the waiting list, we will contact you regarding the next step in the application process. You can expect to receive a letter from us acknowledging receipt of your preliminary application and a preliminary determination of your eligibility.

1. Name: \_\_\_\_\_

Current Address: \_\_\_\_\_ Apt # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date needed: \_\_\_\_\_ # of Occupants:  1  2

How did you hear about us: \_\_\_\_\_ BR size wanted:  1

Are you Disabled:  Yes  No Are you a Veteran:  Yes  No

Are you a US Citizen or Eligible Non-Citizen :  Yes  No

**Property Preference:** \_\_\_\_\_

2. List yourself and each person who will be living with you. Be sure to list each family member and their relationship to you, i.e. self, wife, husband, son, daughter, etc.

Last Name	First Name-MI	Birthdate	Age	Sex	Social Security Number	Gross Monthly Income	Income Source

Race of Head of Household (Check One) - Optional

**(This information is being collected to assure compliance with Fair Housing & Equal Opportunity rules.)**

- White  Black  Hispanic  Native American/Alaskan Native  Asian/Pacific Islander

Ethnicity (Check One) - Optional  Hispanic or Latino  Not Hispanic or Latino

**APPLICANT CERTIFICATION:** I certify that the statements made on this application are true and complete to the best of my knowledge. I understand that false or incomplete information may result in denial of housing assistance. I certify that no member of the household or any guest engages, or will engage in violent or drug-related criminal activity.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

MHRSI Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Time Received: \_\_\_\_\_

“This institution is an equal employment provider”