

Sanford Housing Authority

Pre-Application for Admission

1. Head of Household Information

Last Name _____ First Name _____ MI _____

Social Security Number _____ DOB _____

Mailing Address

(City)

(State)

(Zip Code)

Telephone number _____

2. Spouse/Co-tenant Information

Last Name _____ First Name _____ MI _____

Social Security Number _____ DOB _____

3. How Many People Will Live In The Unit? Please Include Yourself _____

Adults ____ Male ____ Female ____ Children ____ Male ____ Female ____

4. Do Any Persons Who Will Live In The Unit Have A Special Need Related to a Disability? Y N

5. If Open, I Would Like My Name Placed On The Public Housing Waiting List. Y N

6. For HUD Statistical Purposes Only

Please identify your race and ethnicity by checking one box in each of the two categories below:

Mark One:

Mark One:

White

Hispanic/Latino

Black/African American

Not Hispanic/Not Latino

American Indian/Alaska Native

Asian

Native Hawaiian/Other Pacific Islander

7. Sources of Family Income: Check All That Apply and Identify Amount

Type of Income	Amount	Type of Income	Amount
Wages	\$	Self-Employment	\$
SSI	\$	Social Security	\$
TANF/Welfare	\$	Other Income	\$

8. Other Sources of Income Regular contributions paid by someone not in household)

- Rent
- Electricity
- Gas
- Cable
- Telephone
- Food
- Clothing
- Toiletries
- Cellular Phone
- Auto Payment
- Insurance
- Laundry
- Credit Cards
- Water
- Sewer
- Trash
- Other _____

Contact Information of Anyone Providing Other Income

Name	Address	Telephone	Amount	Frequency
			\$	
			\$	
			\$	

9. Preferences:

- Spousal abuse
- Homeless
- Working
- Living in substandard housing
- Displaced by disaster or governmental action

10. I Certify That The Above Information Is Accurate, Complete, True and Correct

I understand that submission of false information or misrepresentation may result in loss of eligibility to participate in the housing choice voucher program and is punishable under federal law. I further understand that it is my obligation to immediately inform the housing authority of any changes to the above information.

Date _____

Signature of HOH _____

Date _____

Signature of Spouse/Co-tenant _____

This pre-application is NOT an official HUD form. Please review and revise the form to conform to state and local law and PHA procedures.