

This Section for office use only:

Received By: _____ Date: _____ Time: _____

Initial Preliminary Application Form

Who is the Head of Household? (Use Legal Name):		Sex	SSN	DOB	Age	Monthly Income: \$
Last	First	M/F	- - -	/ /		Income Source
M.I.						

Race: White Black American Indian/Alaska Native Asian or Pacific Islander **Ethnicity:** Hispanic Non-Hispanic

Which of the following housing programs are you applying for? Public Housing Section 8 Voucher

What is your present Street and Mailing Address?						Emergency Contact Person	
Street address _____						Name _____	
Street		City		State		Zip	
Mailing address _____						Address _____	
Street		City		State		Zip	
Phone #: () _____						Phone () _____	

What other adults will be living in the unit?	Sex	Relationship to head of household	Social Security Number	D.O.B.	Age	School Name or Occupation	Monthly Income
Legal Name	M/F						
							\$
							\$

What minors will be living in the unit?	Sex	Relationship to head of household	Social Security Number	D.O.B.	Age	School Name
Legal Name	M/F				ε	

Do you claim any of the following local preferences? (NO PREFERENCES AVAILABLE) List: N/A	Are you or any member of your household (adult or minor) subject to a lifetime registration requirement under a state sex offender registration program? <input type="checkbox"/> YES <input type="checkbox"/> NO
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<p>If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact the housing authority at (479) 968-5440</p>	<p>Do you require any modifications or accommodations in order to fully utilize the unit or the program and its services?</p>	
<p>Have you or anyone in your household been evicted from Public or Assisted Housing for drug related activity within the past 5 years? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p><input type="checkbox"/> YES</p>	<p><input type="checkbox"/> NO</p>
<p>Signature:</p>		<p>Date</p>

NOTICE: You are required to notify the Housing Authority in writing of any change of address. If we cannot contact you at the above address, your name will be removed from the waiting list, and you will have to re-apply to be considered for assistance.