

# Initial Preliminary Application Form

This Section for office use only:		
Received By:	Date:	Time:

Who is the Head of Household? (Use Legal Name):		Sex	SSN	DOB	Age	Monthly Income: \$
Last		M/F	- -	/ /		Income Source
First		M.I.				
Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Public Housing						
Which of the following housing programs are you applying for? <input type="checkbox"/> Public Housing <input type="checkbox"/> Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Section 8 Voucher						
What is your present Street and Mailing Address?						
Street address	Street	City	State	Zip	Emergency Contact Person	
Mailing address	Street	City	State	Zip	Name _____ Address _____ Phone ( ) _____	
Phone #: ( ) _____	Email Address:					
What other adults will be living in the unit?	Sex M/F	Relationship to head of household	Social Security Number	D.O.B.	Age	School Name or Occupation
Legal Name						Monthly Income \$ _____
What minors will be living in the unit?	Sex M/F	Relationship to head of household	Social Security Number	D.O.B.	Age	School Name _____
Legal Name						
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			
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			Do you require any modifications or accommodations in order to fully utilize the unit or the program and its services? <input type="checkbox"/> YES <input type="checkbox"/> NO			
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						
Signature:			Date			

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.

10/01/2010

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