

**HOUSING AUTHORITY OF THE
CITY OF RUSSELLVILLE**

PH: (479) 968-5440
FAX: (479) 967-5493

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.I.	M/F	- -	/ /		Income Source
Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian or Pacific Islander							Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
Which of the following housing programs are you applying for?				<input type="checkbox"/> Public Housing		<input type="checkbox"/> Section 8 Voucher	
What is your present Street and Mailing Address?							Emergency Contact Person
Street address _____							Name _____
Street			City	State	Zip	Address _____	
Mailing address _____							Phone ()
Street			City	State	Zip		
Phone #: ()			EMAIL:				
What other adults will be living in the unit?	Sex	Relationship to	Social Security	D.O.B.	Age	School Name or Occupation	Monthly Income
<u>Legal Name</u>	<u>M/F</u>	<u>head of household</u>	<u>Number</u>				
							\$
							\$
What minors will be living in the unit?	Sex	Relationship to	Social Security	D.O.B.	Age	School Name	
<u>Legal Name</u>	<u>M/F</u>	<u>head of household</u>	<u>Number</u>			_____.	
Do you claim any of the following local preferences? (NO PREFERENCES AVAILABLE)				Are you or any member of your household (adult or minor) subject to a lifetime registration requirement under a state sex offender registration program?			
List: N/A				<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?			
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

Resolution No. 2011-07
September 21, 2010