



HOUSING PRE-APPLICATION

Date: _____

Name: _____ ()
First Name Last Name Date of Birth Phone No.

Last Home Address: _____
Address City State Zip Code

E-mail Address: _____

What is the best way to contact you? Phone Mail Emergency Contact E-mail

Emergency Contact (must have telephone): _____ ()
Contact Name Relationship Contact Phone No.

Contact Home Address: _____
Address City State Zip Code

Can we contact your emergency person? Yes No If no, please explain. _____

My last employer was: _____ ()
Employer Name Your Occupation Phone No.

If unemployed, what was your position in your last job? _____ **How long?** _____

Employment / Unemployment / Worker's Compensation (*CIRCLE ONE*) \$ _____

INCOME TYPE:

SSI / SSD / Survivors Benefits (*CIRCLE ONE*) \$ _____ Child Support \$ _____ Alimony \$ _____

Food Stamps \$ _____ DCF Cash \$ _____ WIC \$ _____ Other \$ _____

TOTAL MONTHLY INCOME: \$ _____

BENEFITS RECEIVED: Medicaid Medicare None Other _____

Family Members	Relationship	DOB	Gender	School Attending / Hours	Soc. Sec. No.
	SELF				

LEGAL STATUS: NO RECORD Conditional Release Felony Misdemeanor Parole Probation SOR

Charge(s)	Time Served	Facility and State

Do you need community service hours? Yes No. *If yes, please provide documentation.*

Referred by: _____

<i>Office Use Only</i>			
Applicant No.	<input type="checkbox"/> Approved Date	<input type="checkbox"/> Waiting List Date	<input type="checkbox"/> Denied – Reason