

Preliminary Application

PLEASE PRINT

What bedroom size are you requesting? ___ ___ ___ ___ Accessible unit requested? Yes No

List each person who would live with you if you receive housing assistance. (Start with yourself)

Last Name	First Name	DOB	Race	Ethnicity	Relationship	Annual Income	Sex M, F, or Decline	Social Security Number

- 1) Do you intend to occupy this apartment as your only address? Yes No
- 2) Are any members of your household handicapped or disabled? Yes No If yes, who? _____
- 3) Are there any anticipated changes in household composition? Yes No If yes, explain: _____
- 4) Were any members 62 or older as of January 31, 2010 and do not have a Social Security number? Yes No

Current Address:

Street Name _____ Apt. # _____ Daytime Phone _____
 City _____ State _____ Zip Code _____ Evening Phone _____

I/We certify that the statements made on this preliminary application are true and complete to the best of my knowledge and belief. I understand that providing false statements or incomplete information may result in punishment under Federal Law.

WARNING: Section 1001 of Title 18 U.S. Code makes it a criminal offense to willfully falsify a material fact or make a false statement in any matter within the jurisdiction of a federal agency.

Applicant _____	Date _____	Co-Applicant _____	Date _____
Co-Applicant _____	Date _____	Co-Applicant _____	Date _____
Management _____	Date & Time Received _____		

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