

# PRELIMINARY APPLICATION

## Part 1: Head of Household

### Applicant

Question	Answer
First Name	Enter your given name.
Last Name	Enter your family name.
Social Security Number	Enter your SS# (no spaces or hyphens).
Date of Birth	Enter the month date and year you were born. Enter two digits for month and date (02/04/1960 not 2/4/1960).
Are you an emancipated minor?	An emancipated minor is a child who has been granted the status of adulthood by a court order or other formal arrangement.
Sex	Click the circle to the left of female to indicate a female. Click the circle to the left of male to indicate a male.
Telephone Number	Enter a telephone number where you can be reached (no spaces or hyphens).  The Phone number can be to a friend's or family member's phone.
Other phone / Email	Please enter your email address here. The email address can be to a friend's or family member's email account.

**Other Phone Type**

Click drop down menu (downward facing arrow in the blue box).  
Click on the word email.

**Do you qualify for a reasonable accommodation due to a disability?**

A "Reasonable Accommodation" is any type of change that provides a person with a disability the opportunity to participate in or benefit from a program, service, or activity.  
A full definition can be found at:  
<http://www.eeoc.gov/policy/docs/accommodation.html>

**Ethnicity****Question****Answer****Hispanic / Not Hispanic**

Click button to the left of Hispanic if you consider yourself to be Hispanic.  
Click button to the left of Not Hispanic if you consider yourself to be Not Hispanic.

**Race****Question****Answer****White**

Click button to the left of White if you identify yourself to be White.

**Black / African American**

Click button to the left of Black / African American if you identify yourself to be Black / African American.

**American Indian / Alaska Native**

Click button to the left of American Indian / Alaska Native if you identify yourself to be American Indian / Alaska Native.

**Asian**

Click button to the left of Asian if you identify yourself to be Asian.

**Native Hawaiian / Pacific Islander**

Click button to the left of Native Hawaiian / Pacific Islander if you identify yourself to be Native Hawaiian / Pacific Islander.

## Part 2: Household Information

### Legal Address

Question	Answer
Address Line 1	List street name and number of where you currently live.
Address Line 2	Use this box if more space is needed.
City	The city where you live.
State	Click on down arrow in blue box and check the two letter abbreviation for the State you live in.
Zip Code	Enter the 5 digit zip code for the address where you live.

### Mailing Address

Question	Answer
Address Line 1	List street name and number of where you currently receive mail <b>if it is not where you currently live.</b>
Address Line 2	Use this box if more space is needed.
City	The city where you will be receiving mail <b>if it is not where you currently live.</b>
State	Click on down arrow in blue box and check the two letter abbreviation for the State where you will be receiving mail <b>if it is not where you currently live .</b>
Zip Code	Enter the 5 digit zip code for the address where you will be receiving mail <b>if it is not where you currently live .</b>

## Household Members

Question	Answer
First Name	Enter your given name.
Last Name	Enter your family name.
Socuial Security #	Enter your SS# (no spaces or hyphens).
Date of Birth	Enter the month date and year you were born. Enter two digits for month and date (02/04/1960 not 2/4/1960).
Sex	Click on down arrow in blue box and check either "M" if the family member is male or "F" if ther family member is Female.
Disabled	Click on down arrow in blue box and check either "Y" if the family member has a disability or "N" if ther family member does not have a disibility.
<b>How is this person related to you?</b> <b>Click on down arrow in blue box and select one of the following</b>	
Spouse	Enter this if the person is your husband or wife. An adult member of the family who is treated the same as a head of the household for purposes of the program.
Co-Head	
Foster Child / Adult	Children that are in the legal guardianship or custody of a State, county, or private adoption or foster care agency, and under the care of foster parents in the foster parents own homes.
Other Youth under 18	Children under the age of 18 that are not foster children.
Full - Time Student 18+	A person who is attending school or vocational training on a full-time basis.
Live - In Aid	A person who resides with one or more elderly persons, near-elderly persons, or persons with disabilities, and who: <b>1.</b> Is determined to be essential to the care and well-being of the persons; <b>2.</b> Is not obligated for the support of the persons; <b>3.</b> Would not be living in the unit except to provide the necessary supportive services.
Other Adult	Any person over the age of 18 that is not a full time student.

### Part 3: Family Income and Assests

Question	Answer
<b>First Name</b>	Click on down arrow in blue box and check and select the name from the drop down menu.
<b>Gross Income</b>	Enter the amount before taxes.
<b>How Often</b>	Click on the down arrow in blue box and check and select how often your income arrives.
<b>If Income is from Wages Name and address of employer</b>	If you have a job where do you work?
<b>Cash Value of Asset</b>	From the list on the left, if you sold it today how much would you get?
<b>Income Received from Asset</b>	From the list on the left, how much money do you make per month?

### Part 4: Supplemental and Optional Contact Information

You have the right to include as part of your application contact information for a person or organization that may be able to help you resolve any issues that may arise during your tenancy or to assist in providing any special care or services you may require should you become a tenant. You are not required to provide this contact information, but if you choose to do so, please click the "Add Contact" button below to complete the form.