

Please deliver or mail to:

Monterey County Housing Authority
Development Corporation (Office)
134 E. Rossi Street, Salinas, CA 93901
(831) 757-3192 TDD (831) 754-2951
Fax (831) 759-9363



OFFICE USE ONLY
MK AFF
App#: _____

Pre-application for

TYNAN VILLAGE APARTMENTS

Please print clearly and legibly.

Name of household: _____
First Name Middle Name Last Name

Mailing Address _____ City State Zip Code
Permanent Address if different from above _____

How long at present address? _____ Monthly Rent \$ _____ Estimated Utilities \$ _____

Phone: HOME _____ WORK _____ CELL _____

BEGINNING WITH YOURSELF, list all persons who will live in your household. All information must be given for each person. List all money earned or received by ALL members living in your household including yourself. This includes money from wages, pensions, Social Security, SSI, Child Support, TANF/Cal-Works, contributions, employment, unemployment, etc.)

Last Name	First Name	Sex M/F	Date of Birth	Relationship To Head of Household	Social Security Number	Monthly Income	Source of Income
1.				HEAD			
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							

*** If additional space is needed, please list information on back page.***

For Accommodation Purposes-Do you claim the following:

Mobility Impairment Hearing Impairment Sight Impairment

WARNING: Title 18 U.S.C. 1001 provides in part that whoever knowingly and willfully makes or uses document containing any false, fictitious or fraudulent statement or entry in any matter in jurisdiction or any department or agency of the United States shall be fined not more than \$10,000 or imprisoned for not more than five (5) years, or both.

PLEASE NOTE: You are required to notify the manager (*in writing*) of any change of address. If we cannot contact you at the listed address, your name will be removed from the waiting list.

I certify that the information given is accurate and complete and understand any misrepresentation will disqualify the application. I authorize the owner to obtain a credit report(s) verify or check any of the information given including credit references, employment, and income and contact any previous landlords. By signing this form, I certify the information to be true and correct.

Applications cannot be processed without signature.

Signature of the Head of household _____ Date _____ Co-Applicant's Signature _____ Date _____

