

PRELIMINARY SECTION 8 APPLICATION

DATE:

TIME: : AM / PM

Tenant ID#: _____
(FOR OFFICE USE)

NOTE: This pre-application does not obligate you or the housing agency in any way. Please complete the entire form.

NAME:

Last

First

Middle

MAILING ADDRESS:

NC

-

List each person who would live with you if you receive Section 8 Assistance. (Start with head of household.)

| Members Full Name | Relationship to Head | Social Security Number | Date of Birth | Place of Birth | Age | Sex |
|-------------------|----------------------|------------------------|---------------|----------------|-----|-----|
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- 1.) Have you ever participated in the Section 8 Existing Program in Brunswick County?
 Yes No If "yes", enter the date of occupancy: _____ and place of occupancy _____
 Who was the landlord? _____

- 2.) Have you or any family member listed above ever received rental assistance outside of Brunswick County? Yes No If "yes", where? _____
 Year received? _____

- 3.) Have you or any family member been arrested or convicted of drug-related or violent criminal activity within the last year? Yes No If "yes", explain: _____

4.) Do you or any member of your household now receive or expect to receive unemployment benefits, child support, alimony, WFFA (formerly name AFDC), SSI, or SS? If "yes", indicate the **monthly** amount below:

| Household Member | Unemploy. Benefits | Child Support | Alimony | Suppl. Security Income (SSI) | Social Security (SS) | Work First Family Asst. (WFFA) |
|------------------|--------------------|---------------|---------|------------------------------|----------------------|--------------------------------|
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5.) Do you or any household member(s) work? If "yes", indicate the **monthly** amount below:

| Household Member | Per Hour Rate | Hours Work Per Week | Employer | Employer's Address |
|------------------|---------------|---------------------|----------|--------------------|
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NOTE: The following information is being requested to comply with equal opportunity requirements and to assure that no discrimination occurs. Your answer will not affect either positively or negatively your selection for the program.

Is the head of household (check the one that best applies):

White Asian Hispanic Black American Indian

APPLICANT: Please be advised that it is your responsibility to report any changes in your household, including number of people living in the household and their incomes.

I AGREE TO CONTACT THE PUBLIC HOUSING AGENCY WHEN THERE IS A CHANGE.

Applicant's Signature

____/____/____
Date

Housing Representative

____/____/____
Date

Revised: 11/99