

Office Use Only

PRE- APPLICATION CARD

Date Received: \_\_\_\_\_

Time Received: \_\_\_\_\_

Interested person for  1 BR  2 BR  3 BR  Other \_\_\_\_\_  
(check all that apply)

Name (Head of Household): \_\_\_\_\_

Address: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ Phone \_\_\_\_\_

Cell phone: \_\_\_\_\_ (Work): \_\_\_\_\_  
E-Mail: \_\_\_\_\_

Would you be interested in a handicapped accessible unit?  Yes  No

Do you feel you qualify for a housing preference?  Yes  No

Do you live/work in the \_\_\_\_\_ Community?  Yes  No

Annual Household Income: \$ \_\_\_\_\_ Date Apartment Needed? \_\_\_\_\_

Household data: Please list all persons who will occupy the unit:

<u>Name</u>	<u>Age</u>	<u>Relationship</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

<b>Optional and for Federally Subsidized Programs ONLY.</b>	
<b>ETHNICITY:</b> <input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Non-Hispanic or Non-Latino
<b>RACE:</b> <input type="checkbox"/> Caucasian	<input type="checkbox"/> African American
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian or Alaskan
<input type="checkbox"/> Native	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander

