

**SECTION 8 NEW CONSTRUCTION PROGRAM
PRE-APPLICATION**

DATE: _____ **TIME:** _____

CONTACT NUMBER(S): _____

1. HEAD OF HOUSEHOLD INFORMATION

Last Name _____ First Name _____ Middle Initial _____

Social Security Number _____ Date of Birth _____

Mailing Address _____

(City)

(State)

(Zip Code)

SECTION 214 ELIGIBILITY:

Full Assistance

Prorated Rent

Ineligible for Assistance

Nationality: _____ **Family Composition:** _____ **No. Eligible Citizen:** _____

Elderly Household Member: _____ Non-Elderly Household Family: _____

2. INFORMATION ABOUT SPOUSE

Last Name: _____ First Name: _____ Middle Initial: _____

Social Security Number _____ Date of Birth _____

3. HOW MANY PEOPLE WILL LIVE IN THE UNIT? (Please include yourself)

ADULT _____ Male _____ Female _____

Children _____ Male _____ Female _____

4. DO ANY PERSON(S) WHO WILL LIVE IN THE UNIT HAVE A DISABILITY?

YES NO

5. FOR PROGRAM STATISTICAL PURPOSES ONLY

(Please identify your race and ethnicity by checking on the box in each of the two (2) categories below)

CHECK ONE:

CHECK ONE:

WHITE

Asian

BLACK/AFRICAN AMERICAN

Hispanic or Latino

NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER

Non-Hispanic or Latino

6. SOURCE(S) OF FAMILY INCOME, CHECK ALL THAT APPLY AND IDENTIFY AMOUNTS:

WAGES \$ _____ P/A Social Security \$ _____ P/A
 SSI \$ _____ P/A TANF/Welfare \$ _____ P/A
 Food Stamps \$ _____ P/A Other Income \$ _____ P/A

7. HOUSEHOLD COMPOSITION AND CHARACTERISTICS

(List the head of household and all other members who will be living in the unit, give the relationship of each family member to the head.)

Member Number	Members Full Name	Relationship to Head	Birth Date	Age	Sex M or F	Social Security Number

8. ASSETS

List all checking and saving accounts (including IRA's, Banks, Certificates of Deposit) of all household members.

Member Number	Bank Name	Type of Account	Current Balance	As of Date

9. I CERTIFY THAT THE ABOVE INFORMATION IS ACCURATE AND COMPLETE.

I understand that submission of false information or misrepresentation may result in loss of eligibility to participate in the housing voucher/or Section 8 Construction Program.

Date: _____ Signature of Head of Household: _____

Date: _____ Signature of Co-Head Household: _____

This Pre-Application is not an Official Application Form. You must complete the FULL APPLICATION FOR HOUSING ON the program selected