

Reg. No. \_\_\_\_\_

# APPLICATION

Date: \_\_\_\_\_  
Time: \_\_\_\_\_

Section 8 \_\_\_\_\_

Head of Household \_\_\_\_\_ SS # \_\_\_\_\_

Mailing Address \_\_\_\_\_ Phone # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Nearest Relative \_\_\_\_\_ Phone # \_\_\_\_\_

## FAMILY COMPOSITION

Name (First & Last)	Age	Sex	Birthdate	Employed (yes/ no)	Relationship

Income Source \_\_\_\_\_ Gross Monthly Income \_\_\_\_\_

Currently HOMELESS (Please Circle) YES NO Referred by a Shelter: YES NO Special Amenities: YES NO

Classification: Family  Sr. Cit.  Dis.  Hdcp.

*I verify that I have received a copy of the application and that I am fully responsible for reporting any changes on this application. I have reviewed the above information and certify it to be correct. I understand I must keep my copy of this form as proof of registration.*

Check One Of The Following: (Ethnic Origin)

- White  Hispanic  American Indian/ Alaskan Native
- Black  Other  Asian/ Pacific Islander

Signature \_\_\_\_\_

# B R \_\_\_\_\_ Intv. by \_\_\_\_\_

HACY 095/ 04-00

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