



FALL RIVER HOUSING AUTHORITY



Tenant Selection Office | 220 Johnson Street | Fall River, MA 02723 | (508) 675-3519 | www.fallriverha.org

PRE-APPLICATION FOR STATE-AIDED PUBLIC HOUSING

OFFICE USE ONLY:	TYPE: <input type="checkbox"/> Elderly <input type="checkbox"/> Family <input type="checkbox"/> MRVP <input type="checkbox"/> AHVP	PRIORITY STATUS: 1 2 3 4 5
DATE: _____	APPLICATION #: _____	BEDROOM SIZE: _____

A. APPLICANT CONTACT INFORMATION (HEAD OF HOUSEHOLD)

APPLICANT NAME: _____ PHONE # _____
(First Name) (Middle Initial) (Last Name) (Area Code + Number)

CURRENT RESIDENCE: _____
(Address) (Apt #) (City) (State) (Zip)

MAILING ADDRESS: _____ EMERG. CONTACT: _____
(Name & Number)

U.S. VETERAN
Yes
No

ETHNICITY
Hispanic
Non-Hispanic

RACE	
Asian or Pacific Islander	Native American/Alaskan Native
Caucasian/White	African American/Black

*****IMPORTANT:** If you move, you are required to notify the FRHA in writing at **FRHA Tenant Selection, 220 Johnson Street, Fall River, MA 02723**. Failure to do so will result in the removal of your name from the waiting list***

B. FAMILY COMPOSITION:

List all persons, including yourself, who will live with you. Include unborn children and live-in aides. Write names EXACTLY as they appear on SOCIAL SECURITY CARD. PLEASE PRINT.

	RELATION TO HEAD	FIRST & LAST NAME	SEX (M/F)	SOCIAL SECURITY NUMBER	DATE OF BIRTH (MM/DD/YY)	PLACE OF BIRTH (COUNTRY)	AGE	DISABLED
1	HEAD OF HOUSEHOLD							
2								
3								
4								
5								
6								
7								
8								

If household size exceeds 8 members, please attach additional pages with members' names and information.