

Note: The adult completing this application is considered the "Head of Household".

<input type="radio"/> HEAD OF HOUSEHOLD'S FIRST NAME									
<input type="radio"/> HEAD OF HOUSEHOLD'S COMPLETE MIDDLE NAME									
<input type="radio"/> HEAD OF HOUSEHOLD'S LAST NAME (EX: BAEZ GONZALEZ)									SUFFIX

YOUR MOTHER'S LAST NAME WHEN SHE WAS A CHILD

ANSWER THIS:  Yes  No Does the HoH have a Social Security Number? If "Yes" you must provide the full SSN!

<input type="radio"/> HEAD OF HOUSEHOLD'S SOCIAL SECURITY NUMBER	HEAD OF HOUSEHOLD'S DATE OF BIRTH			GENDER
	Month	Day	Year	
ETHNICITY: Also provide your race at right!		RACE: Asian, Black, White, Native American, Pacific Islander, Multi-racial		
<input type="radio"/> Hispanic <input type="radio"/> non-Hispanic		Do <b>NOT</b> write Spanish, Hispanic, Latino here – and do <b>NOT</b> write your country!		

**REQUESTED ACCOMMODATIONS**  =  Do you need a:

<input type="radio"/> Fully Accessible Wheelchair Unit	<input type="radio"/> Blind Accessible Unit	<input type="radio"/> Need an Interpreter
<input type="radio"/> No-Steps unit (elevator to any floor)	<input type="radio"/> Deaf Accessible Unit	<input type="radio"/> Domestic Violence Victim
<input type="radio"/> First-Floor unit only	<input type="radio"/> Unit designed for Environmental Allergies	<input type="radio"/> Personal Care Attendant

HoH's CAREER STAGE  ANY VETERANS?  Yes  No

Employed  Unemployed  Retired  FT Student  PT Student

MOBILE RENTAL ASSISTANCE, if any

I do not have mobile rental assistance  Mobile Section 8 voucher  MRVP  AHVP  VASH or similar

CRIMINAL RECORD AND SEX OFFENDER

Head of Household: Any Felony/Conviction?  Yes  No Any Misdemeanor Conviction?  Yes  No

Other Members: Any Felony Convictions?  Yes  No Any Misdemeanor Conviction?  Yes  No

Is anyone in HH subject to a lifetime sex offender registration in any state?  Yes  No

ANY PETS:  Yes  No Describe: \_\_\_\_\_

CURRENT HOUSING STATUS:  Homeless  Housing Loss 14 days  Fleeing dom violence  At risk of homelessness  Stably

HOUSEHOLD SIZE AND COMPOSITION			ANNUAL INCOME	DOCUMENTED DISABILITY?
← # Adults	← # Children	← Total # in Household	<input type="radio"/>	<input type="radio"/> Yes <input type="radio"/> No

BEST TELEPHONE NUMBER TO USE	SECOND TELEPHONE (if you have one)
-	-

BEST EMAIL ADDRESS

BEST MAILING ADDRESS  where I currently live  a P.O. Box  a "care of" address

Street Address (including Apartment Number) or P.O. Box

City, State, and Zip Code:

SECOND MAILING ADDRESS  same as above  where I currently live  a P.O. Box  a "care of" address

Street Address (including Apartment Number) or P.O. Box

City, State, and Zip Code:

# BEDROOMS NEEDED

SPECIAL CIRCUMSTANCES? - some programs may assign you a priority status

Disability  Elder  Local Resident  Local Employee  Local Student  Homeless Vet.  Fleeing Dom. Viol.

Rent-burdened 40%  Rent-burdened 50%  HUD VAWA Certification  Victim of Hate Crime.

Displaced by:  Urban Renewal  Sanitary Code  Natural Forces  Other \_\_\_\_\_