PRE-APPLICATION FOR ASSISTED HOUSING COMPLEXES MANAGED BY HUMAN RESOURCE DEVELOPMENT AND EMPLOYMENT, INC.

TTY/TDD: 1-800-982-8771

Other

■ 2 Bedroom

	ation for housing ainst any person nal Origin.	•				•		
PERSON'S FULL NAME FIRST MIDDLE LAST	RELATIONSHIP	BIRTH DATE	AGE	SEX	SSN	RACE	ETHNICITY	STUDE YES/N
	НоН							
Current Address:	Street							
City				_ State		Zip		_
Telephone Numb	per(s) Where You	Can Be F	Reache	d:	1) 2)			_ _
Do You: 🔲 R	ent 🔲 Own You	ır Own H	ome	☐ Live	With a Frier	nd or Relative	Э	
Total Monthly Ho	usehold Income: \$	\$						

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT. I UNDERSTAND THAT THIS IS NOT A CONTRACT AND DOES NOT BIND EITHER PARTY. I ALSO UNDERSTAND THAT THIS PRE-APPLICATION AND ITS CONTENTS WILL REMAIN STRICTLY CONFIDENTIAL.

Will You Require Housing Arrangements for the Disabled (example, Wheelchair-Accessible Bath

☐ 1 Bedroom

Applicant Signature Date

Manager Signature Date and Time

Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.



☐ Employment ☐ Social Security/Pension/SSI ☐ Public Assistance

■ Studio

and Kitchen)? ☐ Yes ☐ No If yes, please clarify: _____



Date Apartment Desired: ____ Apartment Size Requested: