

Keystone Place Housing Corporation

The Maples Housing Corporation

Pre-Application

Applicant Name: _____

Current Address: _____

City, State, Zip Code: _____

Home Phone: _____ Alternate Phone: _____

HOUSEHOLD COMPOSITION

(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's Full Name	Relationship	Birth Date	Age	Sex	Social Security No.
	Self				

Do you have any assets? (i.e. checking accounts, savings accounts, mineral rights, land, etc...)

Do you have any expenses? (i.e. doctor co-pays, prescription co-pays, bus fare to get to work, insurance premiums, etc...)



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Are you a registered sex offender?

Please List all states that you have lived in.

What is the total annual income of all household members? (Include wages, salaries and tips; other income such as alimony, child support; and Social Security, AFDC or other benefits)

\$

You may qualify for a preference for housing assistance if any of the following circumstances can be verified for your family. Please check any that apply to you.

Are you currently homeless or living in substandard housing?

If yes, please explain:

Have you been (or are you about to be) displaced from your housing?

If yes, please explain:

APPLICATION CERTIFICATION: I/we understand that the above information is being collected to determine if I/we are eligible to receive rental assistance. I/we authorize the [HUD Housing Coordinator] to verify all information provided on this application.

<i>Head Of Household Signature</i>	<i>Date</i>	<i>Spouse Signature</i>	<i>Date</i>
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AGENT US ONLY:

Date Received: _____

Time Received: _____

Initials: _____

Comments: _____

