

Hot Springs Housing Authority Pre-Application For Housing Assistance

REASONABLE ACCOMMODATIONS WILL BE MADE, IF NEEDED, UPON REQUEST

Please complete each question on the form and sign the form on the back page.

PLEASE PRINT

APPLICANT

NAME					
	First	Middle	Last		
ADDRESS					
	Street, Box No.	City	County	State	Zip
TELEPHONE					
	Home	Other Contact	Work		
Please list other states you have lived in: _____					
Email address: _____					

HOUSEHOLD COMPOSITION:

List each family member who will live in your household including yourself.

RACE CODES:

1 = White

4 = Asian

2 = Black/African American

5 = Native Hawaiian/Pacific Islander

3 = American Indian

Ethnicity: 1 = Hispanic 2 = Non-Hispanic

LEGAL NAME	Relationship to Head*	Optional sex	Date of Birth	Soc. Sec. No.	Disabled (Y/N)	Student (Y/N)	Race	Ethnic
1.	HEAD							
2.								
3.								
4.								

NOTE: A full-time student, who lives out of town, but returns home for at least three consecutive months per year, is allowed bedroom assignment. A part-time student living away from home is not allowed bedroom assignment.

What is you/your family's current **MONTHLY** income (if no income---put zero):

\$_____ (wages) \$_____ (SSI/Social Security) \$_____ (child support) \$_____ (other income)

Please check the program you are interested in: You may check more than one.

Brookside – 1 & 2 Bedroom _____
Hillcrest Elderly, Disabled (Edgemont) - 1 Bedroom _____
The Evans – Eff. & 1 Bedroom _____

Office use Only: Date: _____ Application #: _____

Are you currently a victim of Domestic Violence? yes_____ no_____

**You will need certification from an approved domestic abuse shelter. Staff verified _____

Is the head of household or spouse listed on this application 62 years old or older? yes_____ no_____

**Proof of age Staff verified _____

Is the head of household or spouse listed on this application disabled? yes_____ no_____

Staff Verified _____

Do you require a handicap/wheel chair accessible unit? yes _____ no _____

Are you currently Homeless: yes_____ no_____ Staff Verified _____

Are you a veteran: yes_____ no _____

Are you or anyone in your household a registered sex offender: yes_____ no_____

For office use only: Staff verified: _____

Initial

Date

Do you expect anyone to move in or out of the household within the next twelve- (12) months? yes_____ no_____

Example: marriage, pregnancy, (if so, expected due date), etc. _____

Certification of Applicant-Please read this statement carefully. By signing, you are agreeing to its terms.

I hereby certify that the information I have provided in this pre-application is true and accurate. I understand that:

- any misrepresentation or false information will result in my application being cancelled or denied;
- this is a pre-application for rental assistance through Hot Springs Housing & Redevelopment Commission and is not an offer of housing;
- at the time I reach the top of the waiting lists, I will be required to provide information in accordance with federal housing regulations and Hot Springs Housing & Redevelopment Commission program policy;
- it is my responsibility to notify Hot Springs Housing & Redevelopment Commission of any change of address in writing and I understand that my application may be cancelled if I fail to do so;
- I may be denied if I owe money to Hot Springs Housing & Redevelopment Commission or another public housing authority;
- I may be denied if a household member has been convicted of certain criminal activity and I will be subject to a criminal history check;
- my participation in federal housing programs is subject to my being eligible and in compliance with HUD and HSHRC policies.

Signature

Date

HOT SPRINGS HOUSING AND REDEVELOPMENT COMMISSION
201 SOUTH RIVER STREET
Ph: 605-745-4067 Fax: 605-745-6706

