

WASHINGTON COUNTY HOUSING AUTHORITY
NEW EAGLE SENIOR APARTMENTS
PRELIMINARY APPLICATION

APPLICANT NAME _____

ADDRESS _____ TELEPHONE _____

NAME	AGE	DATE OF BIRTH	SOCIAL SECURITY NO.	RELATIONSHIP TO HEAD OF HOUSEHOLD	ANNUAL INCOME INCLUDING ASSETS	SOURCE OF INCOME

2. Are any household members full-time students? Yes _____ No _____

If yes, please list _____

3. Did you or any member of your household dispose of any assets for less than fair market value in the last 2 years?

Yes _____ No _____

If yes, explain _____

4. Are there any special accommodations that the household will require? _____

5. List past 3 years of rental history:

Landlord Name	Landlord Address	Your Address	Date
	Phone #		
	Phone #		
	Phone #		

I/We certify that if selected to receive assistance, the unit I/We occupy will be my/our only residence. I/We understand the above information is being-collected to determine my/our eligibility. I/We authorize the owner/manager to verify all information provided on this application and to contact previous or current landlords or other sources of credit and verification information which may be released to appropriate federal, state, or local agencies. I/We certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/We understand that the false statements or information are punishable under federal law.

ALL ADULT HOUSEHOLD MEMBERS MUST SIGN BELOW:

Signature of Head: _____ Date: _____

Signature of Spouse/Co-Head: _____ Date: _____

Owner/Manager: _____ Date: _____

OFFICE USE ONLY:

Date of Application: _____

Unit Type: _____

Anticipated Move-in Date: _____

Time Application Received: _____