

ORMOND BEACH HOUSING AUTHORITY PRE-APPLICATION

PLEASE PRINT (WE ARE NOT RESPONSIBLE IF WE CANNOT READ YOUR HANDWRITING)

(CHECK ONE THAT YOU ARE APPLYING FOR): **PUBLIC HOUSING** _____

MS./MRS./MR. _____ Maiden Name: _____

S.S # _____ Phone _____ Wk _____ Cell/Other: _____

Street Address _____ City _____ State _____ Zip _____

Mailing Address _____ City _____ State _____ Zip _____

LIST ALL HOUSEHOLD MEMBERS INCLUDING YOURSELF WHO WILL BE LIVING WITH YOU STARTING WITH YOURSELF AS HEAD (print)

Last Name, First, MI	Relationship: Spouse, Son, Daughter, etc.	Birthdate	Sex	Age	Race	Social Security #	Source of Income Head & Adults 18 or older
1.	HEAD						
2.							
3.							
4.							
5.							
6.							

Have you or any other adult household member ever used any name(s) or Social Security Number(s) other than the one you are currently using? Yes ___ No ___ If yes, please explain _____

List below all **GROSS** income you and /or any family members 18 or older are currently receiving:

Employers Name: _____ Phone # _____

Employers Name: _____ Phone # _____

Head of House Wages Per Week: \$ _____ Avg. # hrs. worked per week _____

Other Adult Wages Per Week: \$ _____ Avg. # hrs. worked per week _____

IF ANY OF THE BELOW APPLY, PLEASE INDICATE AMOUNT RECEIVED

TANF \$ _____ Food Stamps \$ _____ Child Support \$ _____ (per month)

Pension \$ _____ (per month) S.S.I. \$ _____ Social Security \$ _____ (per month)

Family financial help/support Income \$ _____ (per month)

Unemployment \$ _____ (per week)

SIGNATURE OF APPLICANT

DATE

