

Waiting List PRE-APPLICATION FORM

PLEASE ANSWER ALL QUESTIONS. INCOMPLETE AND DUPLICATE APPLICATIONS WILL BE REJECTED.

Part 1: Application/Waiting List Identification

This pre-application is submitted for placement on the site-based waiting list lottery for the units as follows:

Community Parkway Housing 520 NSP Units 2 and 3 Bedrooms Only

APPLICATION DEADLINE SEPTEMBER 7, 2012 AT 5:00 PM

Part 2: Applicant Identification

Please note that applicants will be required to provide evidence and documentation when selected for assistance.

1. Name of Applicant/Head of Household: _____
Last First Middle

2. Date of Birth: _____ Age on Date of Application: _____

3. Social Security Number: _____ - _____ - _____

4. Address: _____
(Street) (apt.)

_____ (City) _____ (State) _____ (Zip)

Please provide reliable mailing address where you can be reached. Same as above? () Yes () No

5. Mailing Address: _____
(Street or P.O. Box) (apt.)

_____ (City) _____ (State) _____ (Zip)

6. Telephone Number: (_____) _____ Alternate Telephone No.: (_____) _____

7. Email Address: _____

8. If you wish to provide an additional contact person or organization, please indicate name and contact information: _____

9. What is your race (applicant Head of Household)? Please indicate one or more as appropriate: (optional section)
 () Black/African-American Asian () White/Caucasian () American Indian/Alaskan Native () Asian () Native Hawaiian/Other Pacific Islander

10. What is your ethnicity? () Hispanic () Non-Hispanic

Part3: Preference Information (Please answer each question as indicated; additional information or verification may be required.)

11. Are there two (2) or more people in your applicant family? () YES () NO
12. Are you or is your spouse/co-head a person with a disability? () YES () NO
13. Is any other member of your household a person with a disability? () YES () NO
14. Has your family been displaced due to a natural disaster or government action? () YES () NO
15. Has your family been terminated from the Section 8 Housing Choice Voucher Program and/or Section 8 Subsidized Housing? () YES () NO If Yes, which one? _____
16. Are you a resident of the City of Richmond or employed in the City of Richmond? () YES () NO
17. How did you hear about us? _____

Part4: Household Information

List all people who would be in your household under this pre-application, including yourself. Provide the required information for all members. Please **print clearly**.

Name Last	First	Mdl.	Social Security Number	Relation- ship (see key below)*	Sex	Date of Birth	Source(s) of Income (Wages, TANF, SSI, etc.)	Gross Annual Income
Head of Household								
Total Annual Gross Family Income from all Sources:								

*Relationship Key: (indicate appropriate word or letter): Head of Household=H; Spouse=S; Co-Head=K; Foster child/Adult=F; Other Adult (18+)=A; Other Youth Under 18=Y; Full-time Student 18+=E; Live-In Aide=L

Part5: Applicant Certification

I certify that all the information given above is true and complete. I understand that, pursuant to Section 1001 of Title XVIII of the United State Code, any misrepresentation or willfully false statements made to a Department or Agency of the United States Government is grounds for denial or termination of assistance and punishable by fine and/or imprisonment.

Applicant Signature: _____ Date: _____

