

PRE-APPLICATION CARD

Date Received: _____ Time Received: _____

Above to be completed by management

Interested Bedroom Size _____2BR _____3BR _____4BR _____Other

Name (Head of Household): _____

Address: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

E-Mail: _____

Would you be interested in a handicapped accessible unit? _____ Yes _____ No

Do you feel you qualify for a housing preference*? _____ Yes _____ No

* (1) Elderly, handicapped, or disabled, or

* (2) Working 30+ hours a week for at least 6 months

Do you live/work in the Sebastian County Community? _____ Yes _____ No

Annual Household Income: \$ _____ Date unit needed? _____

How did you hear about us? _____

Household members: Please list **all persons** who will occupy the unit **including** head of household:

<u>Name</u>	<u>Age</u>	<u>Relationship</u>

Optional for Federally Subsidized Programs ONLY:

ETHNICITY: _____ Hispanic or Latino Origin _____ Non-Hispanic or Non-Latino

RACE: ___Caucasian ___Asian ___Indian or Alaskan ___African American ___ Native Hawaiian

This form can be returned via e-mail (rbrown@fortsmithha.com),
 via fax (479-494-7803), and by mail or in person at 3408 N. 6th Street.

