For Office Use Only. Applicants should not write in this section.

Date/Time: _____

Received by: _____ Interview Date: _____

Special assistance required by this applicant: _____

LEEDS STREET HOUSING COOPERATIVE

PRE-APPLICATION

1. **HEAD OF HOUSEHOLD INFORMATION**

   Last Name _____ First Name _____ Middle Initial____

   Social Security Number _____ Date of Birth _____

   Mailing Address

   _____

   _____
   (City) (State) (Zip Code)

   Telephone number _____ Alternate Telephone number _____

2. **INFORMATION ABOUT SPOUSE**

   Last Name _____ First Name _____ Middle Initial _____

   Social Security Number _____ Date of Birth _____

3. **HOW MANY PEOPLE WILL LIVE IN THE UNIT? Please include yourself.**_____

   ADULTS _____ Male_____ Female_____ **CHILDREN**_____ Male_____ Female_____

4. **DO ANY PERSONS WHO WILL LIVE IN THE UNIT HAVE A DISABILITY?**

   ☐ Yes No ☐

5. **FOR HUD STATISTICAL PURPOSES ONLY**

   Please identify your race and ethnicity by checking one box in each of the two categories below:

   Check One:

   ☐ White
   ☐ Black/African America
   ☐ American Indian/Alaska Native
   ☐ Native Hawaiian/Other Pacific Islander

   Check One:

   ☐ Hispanic or Latino
   ☐ Not-Hispanic or Latino
   ☐ Asian

6. **SOURCE(S) OF FAMILY INCOME; CHECK ALL THAT APPLY AND IDENTIFY AMOUNT:**

   ☐ Wages _____ ☐ Social Security _____ ☐ Other _____

   ☐ SSI _____ ☐ TANF/Welfare _____ ☐ Assets _____

7. **EMPLOYMENT: Name of Employer** _____ _____

   Address of Employer _____

8. **PREVIOUS LANDLORD: Name** _____ **Address** _____

9. **HAVE YOU EVER BEEN EVICTED OR ASKED TO MOVE? Yes** ____ **No** ____

10. **I CERTIFY THAT THE ABOVE INFORMATION IS ACCURATE AND COMPLETE.**

    I understand that submission of false information or misrepresentation may result in loss of eligibility to participate in the Leeds Street Housing Cooperative Program.

    Date _____ Signature of Head of Household _____

WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATES CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.

RETURN APPLICATION TO:

PRICHARD HOUSING AUTHORITY

4559 St. Stephens Road, Eight Mile, AL 36613