

OFFICE USE ONLY:	Date Rec'd _____	Appl #: _____	# Beds: 1 2 3 4 5	Pref: 1 2 3 4 N/A
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FALL RIVER HOUSING AUTHORITY

Tenant Selection Office | 220 Johnson Street | Fall River, MA 02723 | (508) 675-3519 | www.fallriverha.org

PRE-APPLICATION FOR FEDERAL PUBLIC HOUSING

A. DESIRED HOUSING TYPE: Please check the housing type(s) for which you are applying.

HOUSING TYPE	WHO'S ELIGIBLE	UNIT SIZES	LOCATIONS
<input type="checkbox"/> ELDERLY ONLY	Persons age 50+	1, 2 beds	Cottell Heights Mitchell Heights Oak Village O'Brien Apts. Oliveira Apts. Holmes Apts.
<input type="checkbox"/> ELDERLY/DISABLED	Persons age 50+ & Disabled adults	0, 1, 2 beds	Baressi Heights Cardinal Medeiros Tower Doolan Apts. Bates & Tower
<input type="checkbox"/> FAMILY	Adults (age 18+) & Adults w/children	1, 2, 3, 4, 5 beds	Bennie Costa Fordney St. Heritage Hgts. Diaferio Village No. Rocliffe Apts. Pleasant View Riley Plaza Sunset Hill

B. APPLICANT CONTACT INFORMATION:

HEAD OF HOUSEHOLD: _____
(First Name) (M.I.) (Last Name)

RESIDENTIAL ADDRESS: _____
(Address) (Apt #) (City) (State) (Zip)

MAILING ADDRESS: _____
(Address) (Apt #) (City) (State) (Zip)

You are **REQUIRED** to notify FRHA in writing of **ANY ADDRESS CHANGES**. Failure to respond to notices by mail shall result **REMOVAL** of your application from the waiting list.

PHONE #1: _____

PHONE #2: _____

U.S. VETERAN
<input type="checkbox"/> Yes
<input type="checkbox"/> No

ETHNICITY
<input type="checkbox"/> Hispanic
<input type="checkbox"/> Non-Hispanic

RACE	<input type="checkbox"/> Asian/Pacific Islander
<input type="checkbox"/> African Amer./Black	<input type="checkbox"/> Caucasian/White
<input type="checkbox"/> Native Amer./Alaskan Native	<input type="checkbox"/> Other

C. FAMILY COMPOSITION: List all persons, including yourself, who will live with you.* Include unborn children and live-in aides. Write names EXACTLY as they appear on **Social Security Card**. Please print.

RELATION	FIRST AND LAST NAME	SEX	SOCIAL SECURITY #	DATE OF BIRTH	PLACE OF BIRTH	AGE
1 Head		<input type="checkbox"/> M <input type="checkbox"/> F	___ - ___ - ____	__ / __ / ____		
2		<input type="checkbox"/> M <input type="checkbox"/> F	___ - ___ - ____	__ / __ / ____		
3		<input type="checkbox"/> M <input type="checkbox"/> F	___ - ___ - ____	__ / __ / ____		
4		<input type="checkbox"/> M <input type="checkbox"/> F	___ - ___ - ____	__ / __ / ____		
5		<input type="checkbox"/> M <input type="checkbox"/> F	___ - ___ - ____	__ / __ / ____		
6		<input type="checkbox"/> M <input type="checkbox"/> F	___ - ___ - ____	__ / __ / ____		
7		<input type="checkbox"/> M <input type="checkbox"/> F	___ - ___ - ____	__ / __ / ____		
8		<input type="checkbox"/> M <input type="checkbox"/> F	___ - ___ - ____	__ / __ / ____		



*If please list additional household members on a separate sheet and attach.

D. INCOME: Provide income from all sources anticipated over the next 12 months for all individuals listed on this application.

SOURCE OF INCOME	GROSS INCOME (<u>ALL</u> PERSONS)	WEEKLY	MONTHLY	YEARLY
<input type="checkbox"/> Employment	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Welfare	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Social Security	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> SSI/SSDI (Disability)	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Pension	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Veterans Benefits	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Unemployment	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Worker's Compensation	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Child Support	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Alimony	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Someone pays my bills/gives me money	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other _____	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

E. ASSET INFORMATION

TYPE	ACCOUNT HOLDER NAME	BANK NAME	BALANCE	RATE
1. Checking			\$	____ %
2. Checking			\$	____ %
3. Savings			\$	____ %
4. Savings			\$	____ %
5. Do you own any stocks or bonds? <input type="checkbox"/> Y <input type="checkbox"/> N Estimated cash value? \$ _____				
6. Do you own/co-own any property? <input type="checkbox"/> Y <input type="checkbox"/> N Describe:				
7. Assets sold for less than market value in past 2 years? <input type="checkbox"/> Y <input type="checkbox"/> N Describe:				

F. REASONABLE ACCOMMODATION

1. Do you/Does any member of your family claim a disability	<input type="checkbox"/> Y	<input type="checkbox"/> N
2. Do you/Does any member of your family require a handicapped-accessible unit?	<input type="checkbox"/> Y	<input type="checkbox"/> N
3. Do you need a wheelchair accessible apartment?	<input type="checkbox"/> Y	<input type="checkbox"/> N

G. APPLICANT PREFERENCES

<input type="checkbox"/> 1. Recently displaced by fire, natural disaster, or government action.
<input type="checkbox"/> 2. Residing in Fall River <u>OR</u> a member is employed (32+ hrs/wk) or attends school/job training full-time in Fall River
<input type="checkbox"/> 3. Not residing in Fall River and is either disabled, elderly, or employed at least 32 hours/week for the past 3 months
<input type="checkbox"/> 4. Victim of Domestic Violence

H. CERTIFICATION

I certify that the information I have given on this pre-application is true and correct. I understand that any false statements or misrepresentations may result in the cancellation of my application and signed under the pains and penalties of perjury.

APPLICANT SIGNATURE: _____ DATE: _____

FRHA REPRESENTATIVE: _____ DATE: _____

**SUBMIT COMPLETED PRE-APPLICATION FORM TO:
FRHA TENANT SELECTION, 220 JOHNSON STREET, FALL RIVER, MA 02723**