

DAHC Housing I, II, & III

610C N. Bell Ave. * Denton, TX 76209 * 940/484-7048

PRELIMINARY APPLICATION FOR ASSISTANCE

1. List each person who would live with you if you receive housing assistance. (Start with yourself.)

Member No.	Member's Full Name	Relationship to Head of Household	Age	Sex F or M	Annual Income	Social Security No.
		Self				

2. Does anyone live with you now who is not listed above: _____ Yes _____ No

3. Do you expect a change in your household composition? _____ Yes _____ No

4. Please explain if you answered yes to either question 2 or 3: _____

5. Current Address: _____

City: _____ State: _____ Zip Code: _____ Apt. No. _____

Home Phone: _____ Work Phone: _____

6. Please identify any special housing needs your household has: _____

7. A) Race of Head of Household: (check one) For Statistical purposes only
 _____ White _____ Black _____ American Indian/Alaskan Native _____ Asian/Pacific Islander

B) Ethnicity of Head of Household: (check one) For statistical purposes only
 _____ Hispanic _____ Non-Hispanic

SELECTION CRITERIA INCLUDES BUT IS NOT LIMITED TO:

Head of household must be disabled, disability status must be certified by a physician, household income must be at or below 50% of AMI, no one in the household may have a felony conviction in the past ten years.

APPLICANT CERTIFICATION

I/we certify that the statements made on this pre-application are true and complete to the best of my/our knowledge and belief. I/we understand that false statements or incomplete information may result in punishment under Federal law.

SIGNATURE OF HEAD OF HOUSEHOLD

DATE

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