

GRAFF PLACE APARTMENTS – PRELIMINARY APPLICATION

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____

SOCIAL SECURITY NO: _____

DATE OF BIRTH: _____

RACE: _____ HISPANIC? Y N

Total Monthly Gross Income: _____

Source of Income: _____

Are you Disabled? Y N

Wheelchair Accessible Unit Needed? Y N

The Sioux Falls Housing and Redevelopment Commission does not discriminate on the basis of handicap, race, color, religion, sex, familial status, sexual orientation, or national origin in admission, access to, treatment, or employment in its programs and activities.

I certify that above information is correct and true to the best of my knowledge. I also understand that if I don't report a change in address, and an attempt is made to contact me, my application card will be removed from the waiting list.

Signature

Date

TIME: _____

OFFICE USE ONLY