

**HIGHLAND FIVE HOMES PRELIMINARY HOUSING APPLICATION**

**PLEASE PRINT OR TYPE**

NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

MAILING ADDRESS (IF DIFFERENT THAN ABOVE): \_\_\_\_\_

\_\_\_\_\_ PHONE: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

TIME: _____          
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**OFFICE USE ONLY**

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LIST ALL THE MEMBERS WHO WILL LIVE IN YOUR HOUSEHOLD	RELATIONSHIP TO HEAD	SEX M/F	RACE	DISABLED?	SOCIAL SECURITY NUMBER	DATE OF BIRTH
1. _____	SELF	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____	_____

**WHEELCHAIR ACCESSIBLE UNIT NEEDED? Y N**

**ARE YOU A VETERAN? Y N**

**DO YOU CONSIDER YOURSELF HOMELESS? Y N**

1. Does any member in the household have a job?

WHO IS THEY WORKING?	WHERE ARE THEY WORKING?	HOW MUCH DO MAKE PER HOUR?	HOW MANY HOURS PER WEEK?
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3. Does anyone in the household receive any other assistance (ex: Social Security, TANF or ADC, Unemployment, Worker's Comp, etc.)? **Y N**

WHO GETS IT?	WHERE DO THEY GET IT FROM?	HOW MUCH DO THEY GET PER MONTH?
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**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**

\*\*\*SFHRC 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 \*\*\*