

PETTIGREW MANOR PRELIMINARY HOUSING APPLICATION

PLEASE PRINT OR TYPE

NAME: \_\_\_\_\_
HOME ADDRESS: \_\_\_\_\_
CITY, STATE, ZIP: \_\_\_\_\_
PHONE NUMBER: \_\_\_\_\_

TIME: \_\_\_\_\_

OFFICE USE ONLY

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Table with 9 columns: LIST ALL THE MEMBERS WHO WILL LIVE IN YOUR HOUSEHOLD, RELATIONSHIP TO HEAD, SEX M/F, RACE, DISABLED?, SOCIAL SECURITY NO., DATE OF BIRTH, STUDENT STATUS, FT, PT, N/A. Includes two rows of data.

TOTAL GROSS INCOME PER MONTH: \_\_\_\_\_

ASSETS: \_\_\_\_\_

SOURCE OF INCOME: \_\_\_\_\_

WHEELCHAIR ACCESSIBLE UNIT NEEDED? Y N

DO YOU HAVE A HOUSING CHOICE VOUCHER? Y N

ARE YOU A VETERAN? Y N

DO YOU CONSIDER YOURSELF HOMELESS? Y N

HAVE YOU EVER BEEN CONVICTED OF A CRIME? Y N

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 \*\*\*