

Multi-Family Pre-Application

Date: _____ Account #: _____

Time: _____

Head of Household: _____ Telephone # _____

Present Address: _____

Mailing Address: _____

List the head of household first and all other members that will be listed on the lease. List the relationship of each family member to the head of household.

Member's Full Name	Elderly/Disables	Relationship	Birth date	Age	Sex	Social Security #
		Head of Household				

Does anyone in your household claim mobility, visual or hearing impairment or other special need that would require a special type of unit or other accommodations? Yes _____ No _____

Source of Income: Employment Unemployment General Assistance
 AFDC Social Security Other _____

Gross Monthly Income \$ _____

Indicate if you qualify for local preference:

Is your current residence within Yuma County but OUTSIDE Yuma City Limits? () Yes () No

Are you employed within Yuma County but OUTSIDE Yuma City Limits? () Yes () No

Optional Information

Race: White Black/African American American Indian/Alaskan Native Asian
 Native Hawaiian/Other Pacific Islander

Ethnicity: Hispanic or Latino Non Hispanic or Latino

I verify that I have received a copy of the pre-application and that I am fully responsible for reporting any changes(in writing) on this application. I have reviewed the above information and certify that it is correct. I understand I must keep my copy of the form as proof of registration.

Signature of Applicant: _____

Signature of HAC Representative: _____

Income Eligibility \$ _____ BRM: _____

