



HOUSING AUTHORITY OF THE CITY OF PUEBLO PRE-APPLICATION FORM

HEAD OF HOUSEHOLD

PLEASE COMPLETE ALL BOXES WITH CURRENT INFORMATION.

IF ANY OF THE BELOW INFORMATION CHANGES, IT IS YOUR RESPONSIBILITY TO NOTIFY THE HACP.

Last Name:	First Name:	Middle Initial:
(Mailing Address) Please note: HACP will not accept pre-application without a mailing address. Street Address and Apartment Number:		Date of Birth (MM/DD/YYYY):
City:	State:	Zip:
SSN:		Phone:
Email:		

HOUSEHOLD MEMEBERS

List all members of your family that will be living with you and state their age and gender.

Do not add Head of Household in this section

Name (Last Name, First Name, MI)	Relationship to Head of Household (Spouse, Child, Grandchild, Etc.)	Date of Birth (MM/DD/YYYY)	Gender (M or F)	Race	Full Time Student (Y or N)
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

INCOME

Provide the GROSS monthly income from all listed sources that apply to you.

SOURCE	MONTHLY AMOUNT RECEIVED	SOURCE	MONTHLY AMOUNT RECEIVED
TANF/AND/OAP:		Employment:	
Social Security:		Unemployment:	
Pension:		Child Support:	
Other (Source):		Amount:	
Do you or any member of your family require an accommodation for a disabling condition?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you or any member of your family been convicted or arrested for a crime?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you or any member of the family subject to a lifetime registration requirement under a state sex offender registration program?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

Have you or any member of your family ever been assisted by the Housing Authority of the City of Pueblo?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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Statement of Verification

By your initials you verify that you are the head of the household desiring to apply for housing assistance from the Housing Authority of the City of Pueblo (HACP). Furthermore, you understand this form is just a PreApplication which will assist HACP to process the actual application in a timely manner. All above information must be verified when your application is processed. Failure to correctly provide the above information may delay the actual application.

Applicant Signature: _____

Date: _____

HAP Office Only:

Date Entered: _____

Technician: _____

