

Complete, Copy and Paste the Pre-application to your email, email back to the following email addresses:

Paul@massacountyhousing.org or

Jamie@massacountyhousing.org

Massac County Housing Authority Pre-Application

Who is Head of Household? (use Legal Name)

Last:

First:

MI:

Social Security Number:

DOB:

Age:

Sex: Male Female Other

Monthly Income\$:

Source:

Race:

Ethnicity(Hispanic/Non-Hispanic):

Street Address:

City:

State:

Zip:

Mailing Address:

City:

State:

Zip:

Phone Number: Home:

Cell:

Work:

Other Adults in the Household:

Name:

Sex: Male Female Other

Race:

Social Security Number:

Ethnicity(Hispanic/Non-Hispanic):

DOB:

Age:

Employment or School Name:

Monthly Income \$

Relationship to Head of Household:

Name:

Sex: Male Female Other

Race:

Social Security Number:

Ethnicity(Hispanic/Non-Hispanic):

DOB:

Age:

Employment or School Name:

Monthly Income \$

Relationship to Head of Household:

Name:

Sex: Male Female Other

Race:

Social Security Number:

Ethnicity(Hispanic/Non-Hispanic):

DOB:

Age:

Employment or School Name:

Monthly Income \$

Relationship to Head of Household:

Minors in the Household:

Name:

Sex: Male Female Other

Race:

Social Security Number:

Ethnicity(Hispanic/Non-Hispanic):

DOB:

Age:

Employment or School Name:

Monthly Income \$

Relationship to Head of Household:

Name:

Sex: Male Female Other

Race:

Social Security Number:

Ethnicity(Hispanic/Non-Hispanic):

DOB:

Age:

Employment or School Name:

Monthly Income \$

Relationship to Head of Household:

Name:

Sex: Male Female Other :

Race

Social Security Number:

Ethnicity(Hispanic/Non-Hispanic):

DOB:

Age:

Employment or School Name:

Monthly Income \$

Relationship to Head of Household:

Emergency Contact Person: _____

Address: _____

Phone Number: _____

We have Developments in Metropolis, Brookport and Joppa:

- Do you want to be added to the Metropolis Waiting List ? Yes or No
- Do you want to be added to the Brookport Waiting List? Yes or No
- Do you want to be added to the Joppa Waiting List? Yes or No

Do you require any modifications or accommodations in order to fully utilize the unit or program and its services: Yes or No

If yes, what reasonable accommodation would you require:

Do you claim any of the following preferences:

- Are you employed, elderly, or disabled? Yes or No
- Do you live or work in Massac County? Yes or No
- ***Are you a victim of Domestic Violence Yes or No
- ***Are you a Veteran Yes or No
- ***Are you Homeless Yes or No

*****Please see Definitions on the Instruction Page**

Notice: You are required to notify Massac County Housing Authority (in writing) of any change regarding your application information. If we cannot contact you at the address or phone number you've listed above, you will be dropped from waiting list and there will be a 6 month waiting period before you can reapply.

SEE LAST PAGE FOR HUD GUIDELINES. PLEASE READ AND SIGN AND DATE.

APPLICANT/PARTICIPANT CERTIFICATION

I certify that the information given to the Massac County Housing Authority (PHA) on this pre-application is accurate and complete. I understand that false statements or information are punishable under Federal Law and grounds for denial or termination from housing assistance. I understand that I am required to report in writing, all changes in family composition(due to birth, adoption, or court awarded custody), income, assets, and expenses of any family member(s) listed on this pre-application to the Massac County Housing Authority (PHA) as soon as change or changes take place. Furthermore, no one is permitted to move into any unit without prior written approval of the Massac County Housing Authority (PHA). I understand that any attempt to obtain Public Housing, any rent subsidy or rent reduction by false information, impersonation, failure to disclose or other fraud, and any act of assistance to such attempt is a crime under:

WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATES CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRADULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.

Signature of Head of Household **Date**

Signature of Co-Head or Spouse **Date**

Signature of Family Member(included on application) over 18 years of age **Date**

Signature of Family Member (included on application) over 18 years of age **Date**

If you need additional space for information regarding additional family members, please use this page. Please give the same information on them as what is requested above on the pre-application.