

Elkhart Housing Authority
1396 Benham Ave.
Elkhart, In 46516

EHA
Preliminary Application

Phone: 574-295-8392
Fax: 574-293-6878
TTY: 574-295-9682

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|--|----------------------|------------------------------------|---|---|--|--|---------------------------------|
| Who is the Head of Household (Use Legal Name)?: Last: _____ First: _____ M.I.: _____ | | | | Sex: (M/F): _____ | | SSN: (#) _____ | |
| Maiden Name: _____ Have you been known by any other name? _____ | | | | | | | |
| DOB: _____ | | Age: _____ | | Race(circle one): White African American American Indian/Alaska Native Asian/Pacific Islander | | | |
| Contact Information: FULL address including City State & Zip Code Current Address: _____ Mailing Address (if different): _____ Home Phone: _____ Cell Phone: _____ | | | | | | Ethnicity (Circle One): Hispanic Non-Hispanic | |
| Income Information: Source of Income (i.e., Employer, SSA, etc): _____ Monthly Income: _____ Employer Phone # (If applicable): _____ | | | | | | Emergency Contact: Name: _____ Address: _____ _____ Phone: _____ Cell: _____ | |
| Family Composition: List ALL people who will be living in the unit with you. You DO NOT need to include yourself. | | | | | | | |
| Legal Name | Sex (M/F) | Relationship to Head*** | SSN (#) | DOB | Age | Occupation/ School Name | Gross Monthly Income |
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| ***For household members 18 years and older, please indicate Relationship to Head as Spouse, Co-Head or Other Adult. Co-Head is as equally responsible for all payments due to EHA as the Head: Other Adult is not responsible for payments to EHA. | | | | | | | |
| Have you or anyone in your household been evicted from Public or Assisted Housing for drug-related or criminal act in the last five (5) years? Yes No | | | Do you or anyone in your household owe money to a Public or Assisted Housing Authority or Section 8 Program? Yes No | | Do you require any modifications or accommodations in order to fully utilize the unit or the program? Yes No | | |

I/We certify that the information given to Elkhart Housing Authority on household composition, rental history and gross family income /assets is accurate and complete to the best of my/our knowledge and belief. I/We understand that 19 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing false, fictitious or fraudulent statement or entry in any matter within the jurisdiction of a department or agency of the United States shall be fined not more than \$10,000 or imprisoned for not more than five (5) years or both.

| | |
|---|----------------------|
| _____ Head of Household Signature | _____ Date |
| _____ Spouse, Co-Head or Other Adult Signature | _____ Date |
| _____ Other Adult Signature | _____ Date |

Have you or any household member ever lived in low-income public or Section 8 housing? (circle one) Yes No

If "YES", complete the following information:

Housing Authority or Management Company: _____
Street City State Zip

Authority or Company Address: _____
Street City State Zip

Dates of Occupancy: _____ (Month/Year)

Rental History: List all previous addresses and landlord information for all adults for the past five (5) years.

Apartment Address: _____
Street City State Zip

Dates of Occupancy: _____ (month/year) Are you related to the Owner? (Circle One)
From To Yes No

Were you listed on the lease? (Circle One) Yes No

Owner/Management Company Name: _____

Owner/ Company Address: _____
Street City State Zip

Owner/Company Phone: _____

Reason for moving: _____

Apartment Address: _____
Street City State Zip

Dates of Occupancy: _____ (month/year) Are you related to the Owner? (Circle One)
From To Yes No

Were you listed on the lease? (Circle One) Yes No

Owner/Management Company Name: _____

Owner/ Company Address: _____
Street City State Zip

Owner/Company Phone: _____

Reason for moving: _____

Apartment Address: _____
Street City State Zip

Dates of Occupancy: _____ (month/year) Are you related to the Owner? (Circle One)
From To Yes No

Were you listed on the lease? (Circle One) Yes No

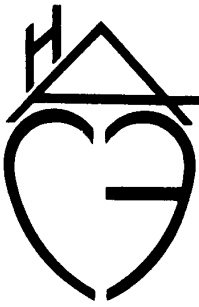
Owner/Management Company Name: _____

Owner/ Company Address: _____
Street City State Zip

Owner/Company Phone: _____

Reason for moving: _____

Additional pages may be requested if needed



HOUSING AUTHORITY CITY OF ELKHART

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Elkhart, Indiana 46516
www.ehai.org

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STATEMENT OF WAITING LIST PLACEMENT PREFERENCE

The Elkhart Housing Authority occupancy standards have established that a minimum of (1) person and a maximum of (2) people can occupy each bedroom of a unit. Therefore your household may qualify for more than one unit size. On the chart below, locate the number of people on your application and check your **PREFERRED** bedroom size for which you **QUALIFY** (you may not select those boxes that have an "X" through them). You may choose one and an alternate.

Head of Household Name: _____

| Number of Household Members | | | | | | | | | | |
|-----------------------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|--------------|
| Bdrm Size | 1 Person | 2 Person | 3 Person | 4 Person | 5 Person | 6 Person | 7 Person | 8 Person | 9 Person | 10 Person |
| 1 BR | | | | | | | | | | |
| 2 BR | | | | | | | | | | |
| 3 BR | | | | | | | | | | |
| 4 BR | | | | | | | | | | |
| 5 BR | | | | | | | | | | |

By my signature below, I attest that I understand that in accordance with EHA's Transfer Policy, once I am housed, I may request a transfer to a different size unit as long as my family qualifies for the unit according to the EHA occupancy standards. I further understand that all requests for transfer are subject to approval by management.

Signature

Date