Charleston Housing Section 8 Pre-Application Form

(11/02)

Who is the Head of Household? (Use Legal Name) Last First MI	Gender M / F	SSN	DOB

(Optional, for statistical purposes only)

Race: ☐ White ☐ Black ☐ Asian Pacific Islander ☐ American Indian/Alaska Native Ethnicity: ☐Hispanic ☐Non-Hispanic

Other Household Members	Gender	Rel. To Head	SSN	DOB
2.				
3.				
4.				
5.				
6.				

Address

Street Address_____
Street City State Zip

Mailing Address_____
Street City State Zip

Telephone 1: ( ) Telephone 2: ( )

Family Income (must be completed)

Total yearly household income before taxes? $_____

What is the source of your income? (Check all that apply)

☐ Soc. Sec. ☐ Employment
☐ SSI ☐ Child Support
☐ TANF ☐ Other_____

For persons with disabilities, if you require a specific accommodation to fully utilize our Section 8 program and services please contact us at 348-6451, extension 382.

Applicant Certification: I/We certify that the information given to Charleston Housing on household composition and income, and all other information listed above, is accurate and complete to the best of my/our knowledge and belief.

Signature: Date:

CH Staff Use Only