

Madison Housing & Redevelopment Commission Pre-Application For Housing Assistance

REASONABLE ACCOMMODATIONS WILL BE MADE, IF NEEDED, UPON REQUEST

Please complete each question on the form and sign the form on the back page.

PLEASE PRINT

APPLICANT

NAME _____						
First	Middle	Last				
ADDRESS _____						
Street, Box No.			City	County	State	Zip
TELEPHONE _____						
Home/Cell			Other Contact		Work	
Please list other states you have lived in: _____				Email address: _____		

HOUSEHOLD COMPOSITION:

List each family member who will live in your household including yourself.

RACE CODES: 1 = White 4 = Asian
 2 = Black/African American 5 = Native Hawaiian/Pacific Islander
 3 = American Indian

Ethnicity: 1 = Hispanic 2 = Non-Hispanic

Citizenship Codes: EC= eligible citizen, EN= eligible noncitizen, IN= ineligible noncitizen, PV= pending verification

LEGAL NAME	Relationship to Head*		Sex	Date of Birth	Soc. Sec. No.	Disabled	Student	Race	Ethnic	Citizen
	Head*	M/F	(Y/N)			(Y/N)				
1.	HEAD									
2.										
3.										
4.										
5.										
6.										
7.										

NOTE: A full-time student, who lives out of town, but returns home for at least three consecutive months per year, is allowed bedroom assignment. A part-time student living away from home is not allowed bedroom assignment.

What is you/your family's current **MONTHLY** income (if no income---put zero):

\$ _____ (wages) \$ _____ (SSI/Social Security) \$ _____ (child support) \$ _____ (other income, unemployment, etc.)

Office use Only: Application #: _____

Section 8 Voucher Program _____
 Lakeview Towers (Public Housing) _____
 Madison HRC Townhomes _____

Please put an "X" by the program you are interested in. You may check more than one.

****NOTE PREFERENCES****

Local Preferences may be given to applicants who are:

***** (Check yes if any of these situations applies to your family. All preferences will be verified upon submission of pre-app)**

1a.) Is the head of household or spouse listed on this application **62 years old or older**? yes____ no____
****Provide drivers license** Staff verified _____

1b.) Is the head of household or spouse listed on this application **disabled**? yes____ no____
***** Please provide copy of Social Security Award Letter** Staff Verified _____

2.) Is the head of household or spouse listed on this application a **Veteran**? yes____ no____
*****Honorably discharged from any branch of the US Armed Forces, active or inactive military personnel and immediate family members or both.**
***** Please provide military papers.** Staff verified _____

3.) **How many hours per week do the head of household and/or spouse work?** _____

4.) Special/emergency circumstances, such as:

- a. Families that meet the eligibility criteria for and are participating in a MHRC demonstration program or special initiative;
- b. Families that are victims of a federally declared national disaster affecting the city of Madison;
- c. Families that are an active participant in a Witness Protection Program or State Victim Assistance Program;
- d. Families living in a MHRC administered housing unit which must be rehabilitated to meet ADA/504 requirements and for whom alternate MHRC administered housing units are not available;

*****Please provide documentation.** Staff Verified _____

Do you require a handicap/wheel chair accessible unit? yes ____ no ____

Are you currently Homeless: yes ____ no ____ Staff Verified _____

Are you or anyone in your household a registered sex offender: yes ____ no ____
For office use only: verified _____

Do you owe money to a public housing authority or have you been evicted from a public housing authority with in the past three years? yes ____ no ____

Do you expect anyone to move in or out of the household within the next twelve- (12) months? yes ____ no ____
Example: marriage, pregnancy, (if so, expected due date), etc. _____

Certification of Applicant-Please read this statement carefully. By signing, you are agreeing to its terms.

I hereby certify that the information I have provided in this pre-application is true and accurate. I understand that:

- any misrepresentation or false information will result in my application being cancelled or denied;
- this is a pre-application for rental assistance through Madison Housing & Redevelopment Commission and is not an offer of housing;
- at the time I reach the top of the waiting lists, I will be required to provide information in accordance with federal housing regulations and Madison Housing & Redevelopment Commission program policy;
- it is my responsibility to notify Madison Housing & Redevelopment Commission of any change of address in writing and I understand that my application may be cancelled if I fail to do so;
- I may be denied if I owe money to Madison Housing & Redevelopment Commission or another public housing authority;
- I may be denied if a household member has been convicted of certain criminal activity and I will be subject to a criminal history check;
- my participation in federal housing programs is subject to my being eligible and in compliance with HUD and MHRC policies.

Signature _____

Date _____



Return to: Madison Housing & Redevelopment Commission
111 S Washington Ave
Madison, SD 57042