



HOUSING AUTHORITY AND URBAN RENEWAL AGENCY OF POLK COUNTY
 204 S.W. WALNUT, P.O. BOX 467, DALLAS, OREGON 97338
 503-623-8387 * FAX 503-623-6907 * TDD 1-800-735-2900

NOTE: Address changes must be submitted in writing within 30 days of the change.

**PUBLIC HOUSING
 PRE-APPLICATION**

FOR OFFICE USE ONLY RECEIVED
DATE:
TIME:
BY:
PH BR SIZE:

Head of Household Name: _____
Last First MI

Street Address: _____
Apt # City State ZIP

Mailing Address: _____
(If different than street address) Apt # City State ZIP

Phone Number: _____
Home Cell Message/Work

*Are any household adults (18+): Elderly (62+) A person with disabilities (verifiable)

Providing race and ethnic information is optional, will not be used to determine eligibility and is for statistical purposes only.

RACE OF HEAD OF HOUSEHOLD: [] African-American / Black [] Asian [] Native American / Alaskan Native
 [] Caucasian / White [] Hawaiian / Other Pacific Islander

ETHNICITY OF HEAD OF HOUSEHOLD: [] Hispanic / Latino [] Non-Hispanic / Non-Latino [] Choose Not to Select

FAMILY INFORMATION, INCLUDING HEAD OF HOUSEHOLD

	LAST NAME	FIRST NAME	RELATION TO HEAD	GENDER	SOCIAL SECURITY NUMBER	DATE OF BIRTH
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

INCOME INFORMATION

AMOUNT OF INCOME	SOURCE OF INCOME	NAME OF PERSON

BE SURE TO COMPLETE BOTH SIDES OF FORM





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Do you currently receive rental assistance? [] YES [] NO If yes, from whom? _____

Would any family member require or benefit from a unit specifically designed for individuals with disabilities? [] YES [] NO If yes, please specify type of unit, such as: wheelchair access, hearing or sight impaired, etc.: _____

What is the name of the household member with disabilities? _____

Has any member of your household ever been evicted from Public Housing or other assisted housing programs within the last three (3) years? [] YES [] NO If yes, from where were you evicted? _____

Documentation may be requested from you to verify dates and locations. However, this does not automatically disqualify you from being assisted with any low-rent housing program.

A willful misrepresentation or omission of a material fact in this pre-application can be cause for rejection of this pre-application.

If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact the Housing Authority.

SIGNATURE OF HEAD OF HOUSEHOLD

DATE

