



PRE-APPLICATION FOR THE GIBBON HOUSING AGENCY

<p>PLEASE LEAVE BLANK OFFICE USE ONLY</p> <p>Date _____</p> <p>Time _____</p> <p>Initials _____</p>
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1. Applying for: **Gibbon Colony Acres** preference given for elderly or disabled families
2. Applicant Name: _____
3. Present Address: _____ City _____ State _____ Zip Code _____
4. Mailing Address: _____ City _____ State _____ Zip Code _____
5. Telephone No. _____ Message No. _____ Work No. _____
6. Notify in case of an Emergency: Name _____ Telephone No. _____
7. Are you or your spouse or co-head: Displaced from your home by a natural disaster
 A student? Full time __yes__ no Part time __yes__ no
8. Do you claim handicap or disability status to determine eligibility? Yes No
9. Have you ever lived in public housing or received rental assistance? Yes No
If yes, Dates: From _____ To _____ Where: _____
10. Have you ever been evicted from public housing, Section 8, or other Subsidized Housing? Yes No
If yes, reason? _____
11. Do you require a unit with accessible features (Ex: wheelchair accessible, bathtub, walk in shower, handrails, etc.)? Yes No
If yes, explain _____
12. Has any household member been charged with and/or engaged in Drug Activity, Assault, Rape, Sexual Assault, Burglary, Robbery, vandalism, abusive or violent behavior, child neglect/abuse, been released from jail, is a registered sex offender or any other unlawful activity? Yes No
If yes, explain _____
13. Is any household member a smoker? Yes No

First Name	Last Name	MI	Sex	Date of Birth	Birth place	Relation to head of Household	Social Security Number	Total Family Income			Race see below	Ethnicity see below
								Amount	/ Source	How often?		
								\$	/			
								\$	/			
								\$	/			
								\$	/			
								\$	/			
								\$	/			
								\$	/			
								\$	/			
								\$	/			
								\$	/			
								\$	/			
								\$	/			
								\$	/			

INSTRUCTIONS

Please print. Provide complete information for all members of your household including yourself. All income received by or on behalf of any household member must be reported. This includes, but is not limited to, wages, welfare payments, alimony, social security, pension, child support, social security for children, and earnings from a second or part time job.

You must provide all information requested by the Gibbon Housing Agency, including all social security numbers you, and all other household members have and use. Giving the social security numbers is mandatory, and not providing the social security numbers will affect your eligibility.

Relation to head of household:

Head
 Spouse
 Co-Head
 Other Adult
 Son
 Daughter
 Foster Child
 Live In Aid

Race:

1 – White
 2 – Black
 3 – American Indian or Alaskan
 4 – Asian
 5 – Hawaiian/Pacific Islander
 6 – Mixed: If mixed, please list all races

Ethnicity:

A – Hispanic
 B – Non Hispanic

RENTAL HISTORY

Current Address: _____
Landlord(s) Name: _____
Landlord(s) Address: _____
Landlord(s) Phone Number: _____
Move In Date: _____

Previous Address: _____
Landlord(s) Name: _____
Landlord(s) Address: _____
Landlord(s) Phone Number: _____
Move In Date: _____ Move Out Date: _____ Reason for Leaving: _____

Previous Address: _____
Landlord(s) Name: _____
Landlord(s) Address: _____
Landlord(s) Phone Number: _____
Move In Date: _____ Move Out Date: _____ Reason for Leaving: _____

I do hereby swear and attest that all of the information above about me is true and correct. I also understand that all changes in the income of any member of the household as well as any changes in the household members must be reported to the Gibbon Housing Agency in WRITING IMMEDIATELY.

All adults over the age of 18 must sign the application

Signature of Applicant _____ *Date* _____

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

Signature of Other Adult _____ *Date* _____

Signature of Other Adult _____ *Date* _____

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.