

Waiting List Pre-Application for Evan Owen Memorial Apartments and Housing Choice Voucher Program (a.k.a. Section 8)

The waiting list pre-application reserves your spot on the waiting list and you will be notified when your name is pulled from the waitlist. Please note the waiting list pre-application is **NOT** an approval for the program.

Select all applicable options:

Evan Owen Memorial Apartments (1 and 2 bedroom units for individuals 62+ or individuals with disabilities)

Housing Choice Voucher Program (Section 8)

Applicant Information

Name:			Sex:
Date of Birth:	SSN:	Phone Number:	
Current Address:			County:

Race (Check All that apply)

- White
- Black/African American
- American Indian/Alaska Native
- Asian
- Native Hawaiian/Other Pacific Islander

Ethnicity (Check one below)

- Hispanic or Latino
- Not-Hispanic or Latino

Household Information

First Name	Last Name	SSN:	Date of Birth	Relationship to Applicant	Sex:

(Use back side for additional family members)

Preferences: Please check all that apply

- Elderly/Disabled. Please check if the applicant, spouse, or other head of household qualify
- Household **resides, works, or have accepted employment** in Columbia County
- Applicant, spouse, or other head of household are employed **at least** 20 hours per week.
- Households that have been involuntarily displaced from their previous residence as a result of fire, natural disaster, or government action. Please note to qualify the action must **NOT** be a result of or caused by the household or immediate guests (Section 8 ONLY)

Does your household require special housing needs or reasonable accommodations to meet the needs of a disabled family member? (i.e. a unit for mobility impaired, visually, and/or hearing impaired person)

No Yes (Explain) _____

I CERTIFY THAT THE ABOVE INFORMATION IS ACCURATE AND COMPLETE.

I understand that the submission of false information or misrepresentation may result in loss of eligibility to participate in the Housing Program. I understand that failure to report a change of address or phone number in writing will result in my removal from the wait list.

Signature: _____ Date: _____



Income and Asset Information for all Household Members

Income

List all sources of income for ALL household members including, but not limited to, social security, wages from employment, public assistance, or reoccurring gifts of income:

Name	Source / Type of Income	Monthly Income

Assets:

List all checking and savings accounts including certificates of deposits, retirement accounts, life insurance policies, stocks, and bonds for all household members.

Name	Bank Name	Type of Account	Balance

I CERTIFY THAT THE ABOVE INFORMATION IS ACCURATE AND COMPLETE.
I understand that the submission of false information or misrepresentation may result in loss of eligibility to participate in the Housing Program.

Signature: _____ Date: _____

