

The Lumin at Highland Bridge

Preliminary PHA Waiting List Application

Date Received: _____ Time: _____ Desired Size Home: _____

1. List each person who would live with you if you were accepted for housing.

Last Name	First Name	Date of Birth	Relationship	Annual Income (Include all : wages, SSI, MFIP, child support, etc)	Social Security Number
			Head		

2. Does anyone live with you now who are not listed above? ☐ Yes ☐ No

3. Do you expect any change in your household composition? ☐ Yes ☐ No

4. If you answered yes to either #2 or #3 please explain: _____

5. Current Address: _____
Street/ City/ State/ Zip/ Apt. #

6. Current Phone Number(s): _____

7. Please identify any special housing needs: _____

8. Are **any** adult (18+) household members going to school? ☐ Yes ☐ No If yes complete

Name (s) of adult member attending school

_____	_____
_____	_____
_____	_____

9. Are **all** household members full time students? ☐ Yes ☐ No If **Yes** ask for a "Student Certification"

Applicant Certification: I certify that the statements made on this pre-application are true and complete to the best of me knowledge and belief. I understand that providing false statements or incomplete information may result in punishment under Federal Law and may result in rejection of my application.

ALL ADULTS IN HOUSEHOLD MUST SIGN

Signature of Head of Household

Date

Signature of Spouse or Co-Head

Date

Signature of Other Adult

Date

Signature of Other Adult

Date

