

**WASHINGTON COUNTY HOUSING AUTHORITY  
NEW EAGLE SENIOR APARTMENTS  
PRELIMINARY APPLICATION**

APPLICANT NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ TELEPHONE \_\_\_\_\_

**1. LIST ALL HOUSEHOLD MEMBERS APPLYING TO LIVE AT AT NEW EAGLE SENIOR APARTMENTS**

NAME	AGE	SOCIAL SECURITY NO.	RELATIONSHIP TO HEAD OF HOUSEHOLD	ANNUAL INCOME INCLUDING ASSETS	SOURCE OF INCOME
			SELF		

2. Are any household members full-time students? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, please list \_\_\_\_\_

3. Did you or any member of your household dispose of any assets for less than fair market value in the last 2 years?  
 Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, please explain \_\_\_\_\_

4. Are there any special accommodations that the household will require? \_\_\_\_\_

**5. List the past 3 years of rental history:**

Landlord Name	Landlord Address	Your Address	Date
	Phone #		
	Phone #		
	Phone #		

I/We certify that if selected to receive assistance, the unit I/We occupy will be my/our only residence. I/We understand the above information is being collected to determine my/our eligibility. I/We authorize the owner/manager to verify all information provided on this application and to contact previous or current landlords or other sources of credit and verification information which may be released to appropriate federal state, or local agencies. I/We certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/We understand that the false statements or information are punishable under federal law.

**ALL ADULT HOUSEHOLD MEMBERS MUST SIGN BELOW:**

Signature of Head: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Spouse/Co-Head: \_\_\_\_\_ Date: \_\_\_\_\_

Owner/Manager: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY:**

Date of Application: \_\_\_\_\_  
 Unit Type: \_\_\_\_\_  
 Anticipated Move-In Date: \_\_\_\_\_  
 Time Application Received: \_\_\_\_\_