Vermillion Housing Authority
WAITING LIST APPLICATION

NAME: _____ **EMAIL:** _____

Last *First* *MI*

ADDRESS: _____ **PHONE NUMBER:** _____

APT #

CITY/STATE: _____ **ZIP:** _____

	MEMBERS OF HOUSEHOLD	RELATIONSHIP TO HEAD OF HOUSEHOLD	✓ IF HANDICAPPED OR DISABLED	SEX M/F	DATE OF BIRTH	SOCIAL SECURITY NUMBER
1		SELF				
2						
3						
4						
5						
6						
7						
8						

Total **MONTHLY** gross income for all members of the houshold $ _____

The Housing Choice Voucher Program is an Equal Housing Opportunity. The following information is requested by Federal Regulation for statistical purposes and in no way in no way influences determinations regarding eligibility for, or amount of rental assistance.

Race (Circle All That Apply)

1 = White
2 = Black/African American
3 = American Indian/Alaskan Native
4 = Asian
5 = Native Hawaiian/Pacific Islander

Ethnicity (Circle One)

1 = Hispanic/Latino
2 = Non-Hispanic/Non Latino

***Local preference may be given to applicants who are:**

- ❑ Domestic Violence
- ❑ Elderly or Disabled
- ❑ Families w/ children
- ❑ All Other Families
- ❑ Singles

Signature of Family Head **Date**

Alternate Contact Name **Relationship to you** **Phone Number**

VHA USE ONLY
Date:
Time:

Before applicants can be admitted to the program we must have - Original Birth Certificate and Social Security Card for **ALL HOUSEHOLD MEMBERS.

****Make sure you are able to present them when your name comes up on the waiting list.****