Housing Authority of Mingo County Apr PO Box 120 Delbarton WV 25670 PRE-APPLICATION FOR

applicant #:	

WAITING LIST PROGRAMS

1. Fill in your correct full na	me, address, (including	g apt number), city, st	ate, zip code &	telephone number.		
Name:	(Last Name, First Name, Middle Initial			(County in which you reside)		
Address:						
(Mailing Address)						
Telephone:	(City)	(State) (If you have no ph	none number, plea	(Zip Code) se give number of near	est relative or friend)	
2. List all members of your family (including yourself) that will be living with you.						
	ranning (moraamig yours	Relationship	Date of			
<u>Name</u>	Social Security #	To Applicant	Birth	Male/Female	Race	
1	_					
2	_			_		
3				_		
4						
5 6						
7						
8						
3. List all sources of incom	ne and indicate the GRO	OSS amount your rece	eive per month.			
Family member	<u>Source</u>	Monthly Amount Received	ı_ Asse	ets:		
		\$	Chec	king Acct. Balance	\$	
		\$		gs Acct. Balance	\$	
		<u>\$</u> \$		s/Bonds/CD's (including real estate)	\$ \$	
Check all that apply to you (will requ	uire verification)			,		
Disabled	Homeless	Recovery/Re	ehabilitation			
All above information must be	oe verified when your a	pplication is processo	ed.			
APPLICANT CERTIFICATION: other information as listed above statements or information are pro-	e is accurate and comple	ete to the best of my/ou				
Head of Household Signature_			Date _			
Spouse/Co-Head Signature			Date _			
Note to Applicant: If you believe Toll-Free Ho	e you have been discrimi t Line at 800-669-9777	inated against, you may	/ call the Fair Ho	ousing and Equal Opp	portunity National	
WAITING LISTS						
Section 8 Rental Assistance (Includes James H. Booten Memoria	Apts, Island Creek Estates, I	Hope House, Serenity Pointe	e & Carewood)	Cantrell Apartments Helena Manor Magnolia Garden		