Housing Authority of Mingo County Applicant #: _____
PO Box 120 Delbarton WV 25670

PRE-APPLICATION FOR WAITING LIST PROGRAMS

1. Fill in your correct full name, address, (including apt number), city, state, zip code & telephone number.

Name: _____
(Last Name, First Name, Middle Initial) (County in which you reside)

Address: _____
(Mailing Address)

_____
(City) (State) (Zip Code)

Telephone: _____ (If you have no phone number, please give number of nearest relative or friend)

2. List all members of your family (including yourself) that will be living with you.

	Name	Social Security #	Relationship To Applicant	Date of Birth	Male/Female	Race
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						

3. List all sources of income and indicate the GROSS amount your receive per month.

Family member	Source	Monthly Amount Received	Assets:	
		$	Checking Acct. Balance	$
		$	Savings Acct. Balance	$
		$	Stocks/Bonds/CD's	$
		$	Other (including real estate)	$

Check all that apply to you (will require verification)

Disabled ☐ **Homeless** ☐

All above information must be verified when your application is processed.

APPLICANT CERTIFICATION: I/We certify that the information given to Housing Authority on household composition, income, and all other information as listed above is accurate and complete to the best of my/our knowledge and belief. I/We understand false statements or information are punishable under federal law.

Head of Household Signature _____ Date _____

Spouse/Co-Head Signature _____ Date _____

Note to Applicant: If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National Toll-Free Hot Line at 800-669-9777

WAITING LISTS

Section 8 Rental Assistance ☐
(Includes James H. Booten Memorial Apts, Island Creek Estates, Hope House & Carewood)

Cantrell Apartments ☐
Helena Manor ☐
Magnolia Garden ☐

SUBMIT