

**CWV FAMILY HOUSING  
PRE-APPLICATION**

**HEAD OF HOUSEHOLD:** (PLEASE PRINT)

FIRST NAME \_\_\_\_\_ MI \_\_\_\_\_ LAST NAME \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ SEX \_\_\_\_\_

CURRENT ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HOME PHONE NUMBER \_\_\_\_\_ CELL PHONE NUMBER \_\_\_\_\_ WORK PHONE NUMBER \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

NUMBER OF CHILDREN UNDER 18 IN HOUSEHOLD: \_\_\_\_\_ NUMBER OF CHILDREN OVER 18 IN HOUSEHOLD: \_\_\_\_\_

TOTAL INCOME: \$ \_\_\_\_\_ SOURCE OF INCOME: \_\_\_\_\_ EMPLOYMENT \_\_\_\_\_ PUBLIC ASSISTANCE \_\_\_\_\_  
 CHECK ONE: WEEKLY  MONTHLY  CHILD SUPPORT  SOCIAL SECURITY/SSI   
 BI-WEEKLY  YEARLY  OTHER  TYPE: \_\_\_\_\_

ARE YOU A FULL TIME STUDENT? YES  NO   
 ARE YOU CURRENTLY LIVING IN SUBSIDIZED HOUSING? YES  NO   
 ARE YOU REQUIRED TO GIVE A 30 DAY VACANCY NOTICE? YES  NO

**CO-HEAD OF HOUSEHOLD** (PLEASE PRINT)

FIRST NAME \_\_\_\_\_ MI \_\_\_\_\_ LAST NAME \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ SEX \_\_\_\_\_

CURRENT ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HOME PHONE NUMBER \_\_\_\_\_ CELL PHONE NUMBER \_\_\_\_\_ WORK PHONE NUMBER \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

TOTAL INCOME: \$ \_\_\_\_\_ SOURCE OF INCOME: \_\_\_\_\_ EMPLOYMENT \_\_\_\_\_ PUBLIC ASSISTANCE \_\_\_\_\_  
 CHECK ONE: WEEKLY  MONTHLY  CHILD SUPPORT  SOCIAL SECURITY/SSI   
 BI-WEEKLY  YEARLY  OTHER  TYPE: \_\_\_\_\_

ARE YOU A FULL TIME STUDENT? YES  NO   
 ARE YOU CURRENTLY LIVING IN SUBSIDIZED HOUSING? YES  NO   
 ARE YOU REQUIRED TO GIVE A 30 DAY VACANCY NOTICE? YES  NO

TYPE OF RENT OPTIONS: I HAVE A HOUSING CHOICE VOUCHER. YES   
 (ONLY CHOOSE ONE OPTION) I AM APPLYING FOR THE INCOME BASED (SUBSIDIZED) PROGRAM. YES   
 I AM APPLYING FOR A MARKET RENT UNIT (REGULAR RENTING) AT CWV. YES  (WILL PAY MONTHLY RENT AND UTILITIES.)

CHECK WHICH BEDROOM SIZE YOU NEED: 1 BEDROOM HANDICAPPED  2 BEDROOM   
 (ONLY CHOOSE ONE OPTION) 2 BEDROOM HANDICAPPED  3 BEDROOM   
 4 BEDROOM

**TURN OVER TO SIGN AND IF YOU HAVE ADDITIONAL HOUSEHOLD MEMBERS OVER EIGHTEEN.**

**CWV FAMILY HOUSING  
PRE-APPLICATION**

**ANY OTHER HOUSEHOLD MEMBER OVER 18** (PLEASE PRINT)

\_\_\_\_\_  
FIRST NAME                      MI                      LAST NAME                      SOCIAL SECURITY NUMBER                      DATE OF BIRTH                      SEX

\_\_\_\_\_  
CURRENT ADDRESS                      CITY                      STATE                      ZIP CODE

\_\_\_\_\_  
HOME PHONE NUMBER                      CELL PHONE NUMBER                      WORK PHONE NUMBER                      E-MAIL ADDRESS

TOTAL INCOME: \$ \_\_\_\_\_ SOURCE OF INCOME:                      EMPLOYMENT                      PUBLIC ASSISTANCE  
CHILD SUPPORT                      SOCIAL SECURITY/SSI  
CHECK ONE: WEEKLY                      MONTHLY                      OTHER                      TYPE: \_\_\_\_\_  
                    BI-WEEKLY                      YEARLY

ARE YOU A FULL TIME STUDENT?                      YES                      NO  
ARE YOU CURRENTLY LIVING IN SUBSIDIZED HOUSING?                      YES                      NO  
ARE YOU REQUIRED TO GIVE A 30 DAY VACANCY NOTICE?                      YES                      NO

**ANY OTHER HOUSEHOLD MEMBER OVER 18** (PLEASE PRINT)

\_\_\_\_\_  
FIRST NAME                      MI                      LAST NAME                      SOCIAL SECURITY NUMBER                      DATE OF BIRTH                      SEX

\_\_\_\_\_  
CURRENT ADDRESS                      CITY                      STATE                      ZIP CODE

\_\_\_\_\_  
HOME PHONE NUMBER                      CELL PHONE NUMBER                      WORK PHONE NUMBER                      E-MAIL ADDRESS

TOTAL INCOME: \$ \_\_\_\_\_ SOURCE OF INCOME:                      EMPLOYMENT                      PUBLIC ASSISTANCE  
CHILD SUPPORT                      SOCIAL SECURITY/SSI  
CHECK ONE: WEEKLY                      MONTHLY                      OTHER                      TYPE: \_\_\_\_\_  
                    BI-WEEKLY                      YEARLY

ARE YOU A FULL TIME STUDENT?                      YES                      NO  
ARE YOU CURRENTLY LIVING IN SUBSIDIZED HOUSING?                      YES                      NO  
ARE YOU REQUIRED TO GIVE A 30 DAY VACANCY NOTICE?                      YES                      NO

I UNDERSTAND THAT CWV FAMILY HOUSING WILL PERFORM A CREDIT CHECK AND/OR A CRIMINAL BACKGROUND CHECK.  
I UNDERSTAND THAT MY APPLICATION FOR HOUSING MAY BE DENIED BASED ON THE FINDINGS.

\_\_\_\_\_  
SIGNATURE HEAD OF HOUSEHOLD                      DATE

\_\_\_\_\_  
SIGNATURE CO-HEAD OF HOUSEHOLD                      DATE

\_\_\_\_\_  
SIGNATURE OVER 18 HOUSEHOLD MEMBER                      DATE

\_\_\_\_\_  
SIGNATURE OVER 18 HOUSEHOLD MEMBER                      DATE