

## PRE-APPLICATION FOR HOUSING - Anna Mann

Received by	BR Size(s)	For Office Use Only:
		Date /Time received:
1. List ea	ch household mei	mber who would be living in the unit, including yourself:
NAME (FIRST,	LAST)	HOUSEHOLD MEMBER'S RELATION TO YOU
	•	SELF
4. Your Conta Street _	act Information:	Bedroom   2 Bedroom   3 Bedroom Apt. #
5. Please indicate	ate any / all of th	ne below that apply to you:
Referred by J	loint Office of Ho	omeless Services (If yes, list name of JOHS caseworker):
_		Agency (list name of agency):
example a whe $\Box$ Yes $\Box$ N	elchair accessible o If yes, plea	your household benefit from a reasonable accommodation (for e or ground floor unit) based on disability? ase describe:
		plete to the best of my knowledge.
Signature		Date
•	•	establish your place on the waiting list. Once your name comes up on the list, application and verify all the information required to determine your eligibility

REV 03/17/2023

