



[www.conwayhousingauthority.org](http://www.conwayhousingauthority.org)  
 Submit application to drop-box on  
 front of building, fax, or email to:  
[chaadmin@conwayha.org](mailto:chaadmin@conwayha.org)  
 Fax [501] 327-8181

Conway Housing Authority  
 335 South Mitchell Street  
 Conway, AR 72034  
 Phone [501] 327-0156

## Preliminary Application for Public Housing Programs

Which housing program would you like to apply for? [check one]:

Public Housing (Family Site/Oakwood) \_\_\_\_\_ East Oakwood   X    
 Village of Seven Mornings (Seniors) \_\_\_\_\_

Head of Household Information: PLEASE PRINT CLEARLY

\_\_\_\_\_  
 First M.I. Last Phone Number

\_\_\_\_\_  
 Address (Must Include Apartment Number) City State Zip

Date of Birth: \_\_\_\_\_ Sex: M F [circle one] Are you a Veteran?: Yes No [circle one]

Race: \_\_\_\_\_ Hispanic or Non-Hispanic Social Security Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Does anyone in your household [18-61 years of age] qualify as having a disability? Yes No

Information on Other Household Members:

\_\_\_\_\_  
 Name Relationship Social Security Number Date of Birth

\_\_\_\_\_  
 Name Relationship Social Security Number Date of Birth

\_\_\_\_\_  
 Name Relationship Social Security Number Date of Birth

\_\_\_\_\_  
 Name Relationship Social Security Number Date of Birth

[Use Back of Form for Additional Household Members]

Provide Income Information for all Household Members:

\_\_\_\_\_  
Name Gross Amount [per week, month, etc.] Source [SS, SSI, Wages]

\_\_\_\_\_  
Name Gross Amount [per week, month, etc.] Source [SS, SSI, Wages]

Please provide the names and phone numbers of two [2] people that generally know how to reach you:

\_\_\_\_\_  
Name Phone #

\_\_\_\_\_  
Name Phone #

Have you or any other household member been charged, convicted, or plead guilty to ANY crime other than a traffic violation? Yes No [circle one]

If you answered yes, provide the following information:

Household member name: \_\_\_\_\_

Date of Charge/Conviction: \_\_\_\_\_

Outcome of Charge: \_\_\_\_\_

[You may use the back of the form for additional space if needed]

Have you or any other household member lived in ANY other subsidized housing?

If yes, name of agency and dates of residency: \_\_\_\_\_

By signing below, you swear under penalty of perjury that the information given on household composition, income, household members names and criminal information is true and accurate to the best of your knowledge. Further, you understand that providing false information to a Federal Agency is punishable under Federal law, Pursuant to 24 CFR.

\_\_\_\_\_  
Head of Household Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Adult Member Signature

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY**

Date and Time Application Received: \_\_\_\_\_

Employee Initials: \_\_\_\_\_