



www.conwayhousingauthority.org
Submit application to drop-box on
front of building, fax to:

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

Fax [501] 327-8181

Preliminary Application for Public Housing Programs

Which housing program would you like to apply for? (check one):

Public Housing (Family Site/Oakwood) _____ East Oakwood _____ Village _____

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]

Check here if you decline to disclose Gender (Sex) _____

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:

<input type="text"/>	<input type="text"/>	<input type="text"/>
Name	Gross Amount [per week, month, etc.]	Source [SS, SSI, Wages]
<input type="text"/>	<input type="text"/>	<input type="text"/>
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:

<input type="text"/>	<input type="text"/>
Name	Phone #
<input type="text"/>	<input type="text"/>
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]

Are you or any other household member subject to **State Sex Offender Registration** in any state? Yes ___ No ___
List states where you or household member has resided:

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: _____