

Conway Housing Authority  
1875 Lucille Street  
Conway, AR 72034  
Phone [501] 327-0156  
Fax [501] 336-0821  
Email: [hcvadmin@conwayha.org](mailto:hcvadmin@conwayha.org)

[www.conwayhousingauthority.org](http://www.conwayhousingauthority.org)

Please submit applications to  
drop box on front of building,  
fax, or email.



## Preliminary Application for Housing Choice Voucher Programs

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

Section 8: \_\_\_\_\_ VASH: \_\_\_\_\_ HOPWA: \_\_\_\_\_ Mainstream: CLOSED

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: \_\_\_\_\_

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 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.

Signatures:

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY**

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

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