

## www.conwayhousingauthority.org Submit application to drop-box on front of building, fax, or email to: 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	d you like to apply for?	[check one]:			
Public Housing (Famil	ly Site/Oakwood)	East Oakw	ood	_	
Village of Seven Morn	ings (Seniors)				
Head of Household Information	on: PLEASE PRINT CL	EARLY			
First	<u>M.I.</u> <u>Last</u>		Pi	Phone Number	
	nent Number)	City	State	Zip	
Date of Birth:	Sex: M F [ci	ircle one] Are y	you a Veteran?: \	Yes No [circle one]	
Race: Hispan	nic or Non-Hispanic	Social Security	Number:		
Email Address:					
Does anyone in your househol	d [18-61 years of age] q	ualify as having a	disability? Y	es No	
Information on Other Househ	old Members:				
Name	Relationship	Social Secu	urity Number	Date of Birth	
Name	Relationship	Social Secu	urity Number	Date of Birth	
Name	Relationship	Social Secu	rity Number	Date of Birth	
Name	Relationship	Social Secu	urity Number	Date of Birth	
<b>.</b>		-			

Provide Income In	nformation for all Household M	lembers:	
Name	Gross Amount [per we	eek, month, etc.]	Source [SS, SSI, Wages]
Name	Gross Amount [per we	eek, month, etc.]	Source [SS, SSI, Wages]
Please provide the	names and phone numbers of	two [2] people tha	at generally know how to reach you:
Name		Phone #	
Name		Phone #	
Have you or any or traffic violation?	ther household member been c Yes No [circle one]	harged, convicted,	, or plead guilty to ANY crime other than a
If you answered yo	es, provide the following inform	mation:	
Date of Charge/Co Outcome of Charge	er name: onviction: ge: back of the form for additional		
Have you or any o	other household member lived i	in ANY other subsi	idized housing?
If yes, name of age	ency and dates of residency:		
income, household knowledge. Furthe	l members names and criminal	ıl information is tru	ormation given on household composition, ue and accurate to the best of your sion to a Federal Agency is punishable
Head of Household Signature		_	Date
Other Adult Memb	per Signature		Date
	FOR OF	FFICE USE O	NLY
Date and Time Ap	oplication Received:		
Employee Initials:	;		