



Pre-Application for Housing Waitlist

Please complete and return to:

2807 W Faidley Ave, Grand Island, Ne. 68803

1. Name of Head of Household (please print):

1a. Mailing Address of Head of Household (please print):

(Street) (Apartment #/Suite #)

(City) (State) (Zip Code)

1b. List all states you have lived in:

2. Phone Number:

2a. Social Security Number:

2b. Date of Birth (MM/DD/YYYY):

3. Are you a Student? (Circle One) Yes No

(#4, #5, and #6 are Optional)

4. Sex (circle one) : Male Female

5. Ethnicity (circle all that apply):

Native American Pacific Islander Alaskan Native
Black White

6. Race (circle one): Hispanic Non-Hispanic

9. Do You Claim a Disability? (Circle One) Yes No

9a. Do you need an accommodation to help you complete the application? (circle one) Yes No

9b. Do you need an accommodation in housing due to your disability? (circle one) Yes No For example: walk-in shower, wider hallways, grab bars, raised toilet seat

9d. If your answer to 9a or 9b was "yes", what accommodation do you require?

7. What Language Do You Speak at Home?

Do you need an interpreter? (Circle one) Yes No

8. Current Living Condition (please select all that apply):

☐ Involuntarily displaced by either government action or natural disaster or whose residence has been deemed uninhabitable by the Red Cross or other government agency.

☐ Homeless

☐ By myself or in a family where the head of household is a person of age 62 or older, OR is a person with disabilities

☐ None of the above

10. Value of family assets (Assets include bank accounts, investments, and real estate): \$ _____

11. Total monthly income (Estimate income from ALL family members moving in): \$ _____

12. Income Source or Sources (Circle all that apply): Wages Child Support Social Security Unemployment SSI Pension Other: _____

13. List others who will live with you. Include unborn and live-in aides. Ethnicity and race fields are optional, use the categories in questions 4 and 5.

Relationship to Applicant	Full Name	List all States lived in	Ethnicity	Race	Sex M/F	Date of Birth (MM/DD/YYYY)	Social Security Number	Disability (Y/N)	Student (Y/N)

14. Sex Offender Registry. Are you or is anyone in your household on the Sex Offender's Lifetime Registry in any state? ☐ Yes ☐ No

15. Eviction: Have you or any member of your household been evicted in the past 3 years? ☐ Yes ☐ No

16. Drug Distribution or Manufacture of Drugs: Have you or any member of your household been arrested for or convicted of illegal drug distribution or manufacturing? ☐ Yes ☐ No

17. Bed Bugs: Are you or any member of your household currently having issues with bedbugs? ☐ Yes ☐ No

Certification of applicant: I hereby certify that the information I have provided above is true and accurate. I understand that if I do not provide all of the information requested, my name may not be added to the waiting list. I also understand that if I have provided any false information my application may be denied, cancelled, or my housing assistance may be terminated. I understand that at the time I rise to the top of the waiting list, I will be required to verify the information that I have provided on this form. I understand that I will remain on the waiting list for at least 1 year as long as I provide Chrysalis Lutheran Homes with my current contact information. I may reject offers or remove myself from the waiting list at any time.

Signature of head of household

Date

Signature of spouse or co-head of household

Date