

CLIENT ID: _____

PRE-APPLICATION FOR ADMISSION TO PUBLIC HOUSING
INKSTER HOUSING & REDEVELOPMENT COMMISSION (IHRC)
4500 Inkster Road, Inkster, Michigan 48141
Telephone (313) 561-2600 TTD/TTY services 1-800-545-1833 Ext. 243

NOTE: Please complete all sections of the application. If a particular question or section of the application is not applicable for the household, please write "N/A"

HEAD OF HOUSEHOLD INFORMATION (PLEASE PRINT CLEARLY)	
First Name: _____	Phone Number: () _____
Middle Initial: _____	Alternate Number: () _____
Last Name: _____	Social Security # _____
Mailing Address: _____	Date of Birth: _____
City/State/Zip: _____	_____
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	Email Address: _____
Co-Head of Household Information (if applicable)	
First Name: _____	Social Security # _____
Last Name: _____	Address: _____
Date Of Birth: _____	How would you prefer to be contacted? <input type="checkbox"/> Phone <input type="checkbox"/> Mail <input type="checkbox"/> E-mail

Please check the site that you would like to live in

Demby Terrace (0 -5 bedrooms)

FOR STATISTICAL PURPOSES ONLY

RACE

- African American/Black
- Asian or Pacific Islander
- Native American/ Alaskan Native
- Caucasian/White Other

ETHNICITY OF HEAD OF HOUSEHOLD

- Hispanic/Latino
- Non-Hispanic/ Non-Latino

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**FAMILY COMPOSITION:
List All Persons Who Will Reside In the Household**

Family Member Name	Relationship To HOH	Social Security Number	Date of Birth	Age	Sex	Country of Birth
1	(Head of Household)				M/F	
2					M/F	
3					M/F	
4					M/F	
5					M/F	
6					M/F	
7					M/F	
8					M/F	
9					M/F	
10					M/F	

- Has anyone in the household been convicted of manufacturing methamphetamine on a federal property? **YES** **NO**
- Is anyone in the household subjected to a life-long sex offender registration? **YES** **NO**
- Do you owe debts to previous landlord or any other public housing authority (PHA)? **YES** **NO**
- Is the applicant family displaced by domestic violence? **YES** **NO**
- Is any adult family member enrolled in a job training program, including one required under the welfare program? **YES** **NO**
- Is any adult family member participating in an education program full-time? **YES** **NO**
If answered yes, please list who _____

Local Preference Questions

The Inkster Housing and Redevelopment Commission offers local preferences for applications. Local preferences do not guarantee an offer of housing, nor admission into the IHRC public housing program.

- Is the Head of Household, Spouse, and/or Co-Head employed at least 20 hours a week? **YES** **NO**
- Is anyone in the household a victim of domestic violence, dating violence, stalking, or sexual assault? **YES** **NO**

Please note the sources of income for persons on the application:

Person receiving income:	Income Source Type:	Amount Received:	How often received?
			<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly
			<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly
			<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly

CLIENT ID: _____

Current landlord's name and address & phone number

Date family moved to this location _____

Previous landlords name and address & phone number

Date family moved to this location _____

If you or anyone in your family is a person with disabilities and you require a specific accommodation, please contact the Inkster Housing and Redevelopment Commission at (313) 561-5600.

Statement: I/we certify that the information on this application is true to the best of my/our knowledge and belief, and understand that information on this application is subject to verification. I understand that all adults will be asked to give consent for IHRC to conduct a criminal and sex offender background check. I/we authorize the release of information to IHRC by my/our employer(s), the Department of Public Services, the Social Security Administration, and/ or other business or government agencies. I/we understand that any false statement made on this application will cause me/us to be ineligible for admission.

SIGNATURES:

Head of Household Signature

Date

Co-Head Signature

Date

IHRC TIME / DATE STAMP

IHC Representative Signature