

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: _____ **Email Address:** _____

- Single Married Separated Divorced
 Widowed

Co-Head of Household Information (if applicable)

First Name: _____ **Social Security #** _____

Last Name: _____ **Address:** _____

Date Of Birth: _____ **How would you prefer to be contacted?**
 Phone Mail E-mail

Please check the site that you would like to live in

- Twin Towers** (1 bedroom)

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

CLIENT ID: _____

**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	

- Have 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 a 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

