

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

Parkside Estates (1-3 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