

# Marietta Housing Authority – Project Based Voucher Program Pre-Application

**Location:** \_\_\_\_\_

<b>FOR MHA USE ONLY:</b>	App No:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Bedroom Size:	<input type="text"/>	Priority	<input type="text"/>	_____
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### General Information

[ Please Print - Do Not Leave Any Information Blank - “None” Should Be Written In All Areas That Do Not Apply To You ]

Name [Head of Household]: \_\_\_\_\_ Race: \_\_\_\_\_ Hispanic [Y/N] \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: [    ] \_\_\_\_\_

Email: \_\_\_\_\_

### Special Eligibility/ Reasonable Accommodations

Are all members of the household listed age 62 or older:  Yes  No

Do you require a specific accommodation to fully utilize our program and services?  Yes  No

### Family Member Information

[ List The Full Names Of All Household Members Who Will Be Living With You On The Program.  
Begin With The Head Of Household And List In Order Of Age ]

	Full Legal Name Matches Soc. Sec. Card	Relation To The Head	Age	Date Of Birth	Place Of Birth [City and State]	Citizen [Yes or No]	Social Security Number
1		HEAD					
2							
3							

(Complete All Information On The Back Side Of This Form)

Total Family Income

