



3412 Glasson Street
 Durham, NC 27705
 (919) 382-0321
 www.durhamhousingauthority.org

**PRE-APPLICATION
 for HOUSING**

Head of Household Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Emergency Contact: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

HOUSEHOLD

Name	SSN	Relation to Head	Gender	Birth Date	Race	Ethnicity Hispanic/ Not Hispanic	Eligibility Status (Citizen Y/N)	Disab led (Y/N)

Household INCOME - Does any household member have income? Yes No **If yes, describe below:**

Member	Source	Monthly Amount
		\$
		\$
		\$
		\$

STUDENTS - Are any household members students? Yes No **If yes, describe below:**

Member	Full time	Part time	Elementary, Middle, High School	Higher Education	Where?



DISABILITY

Would any household member benefit from the features of an accessible unit?

Yes No If yes, describe below:

Member	Sensory	Mobility

Anticipated CHANGES

Are any changes in household size expected during the next twelve months?

Yes No If yes, describe: _____

Are there any absent household members that are expected to reside with the family?

Yes No If yes, describe: _____

WAIT LISTS

Please add me to the following wait lists:

Damar Court (2-bdrm)

Morreene Road (0, 1&2-bdrm)

*This s a request to be added to the Wait List(s) for Damar Court, Edgemont Elms and/or Morreene Road. These properties require a minimum or one household member per bedroom, and a maximum of two household members per bedroom, barring reasonable accommodations to a disability. Anticipated changes in household composition will be considered when determining eligibility. Complete screening criteria is described each respective property's Tenant Selection Plan. **Application must be completed in its entirety.***

By signing below, I certify that all statements above are true and correct. I further understand that I MUST notify DHA within ten (10) business days if my address (mailing or physical) or phone numbers changes.

Head

Date

Spouse/Co-head

Date

Other Adult

Date

Other Adult

Date

HA Staff Receiving Application

Date

For Office Use Only:

Received Date: _____

Received Time: _____

BR Size: _____

Added to WL by (Staff Initials): _____

