

# **Norwalk Housing Authority**

## **Pre-Application For Section 8 - Mainstream**

Are you or anyone in your family a person with disabilities that require a specific accommodation in order to fully utilize our programs and services? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**This pre-application is only for applicant families between 18 and 61 years of age who are disabled and meet the following criteria:**

- 1. homeless, 2. At risk of being homeless, 3. Formerly homeless, 4. At risk of institutionalization, 5. Currently living in a congregate setting**

**Please print or type:**

Full Name: \_\_\_\_\_

Current Address: \_\_\_\_\_ Apt # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone : \_\_\_\_\_

**Household Composition & Characteristics**

MEMBERS NAME	RELATIONSHIP TO HEAD	DATE OF BIRTH	BIRTH PLACE (CITY, STATE)	DISA BLED	AGE	SEX	SOCIAL SECURITY #
	<b>Head</b>						

**Sources of Income (Check all applicable boxes):**

- SSI
- SSDI
- Employment: Name and Address \_\_\_\_\_
- Other

**Residential History:**

a. Present Landlord/Property Name: \_\_\_\_\_  
Present Address: \_\_\_\_\_ Apt # \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Landlord Day Phone: (\_\_\_\_\_) \_\_\_\_\_ Rent Amt.: \$ \_\_\_\_\_ per month  
Date Rented/From: \_\_\_\_\_ To: \_\_\_\_\_

b. Previous Landlord/Property Name \_\_\_\_\_  
Previous Address: \_\_\_\_\_ Apt # \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Landlord Day Phone: (\_\_\_\_\_) \_\_\_\_\_ Rent Amt.: \$ \_\_\_\_\_ per month  
Date Rented/From: \_\_\_\_\_ To: \_\_\_\_\_

c. Previous Landlord/Property Name \_\_\_\_\_  
Previous Address: \_\_\_\_\_ Apt # \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Landlord Day Phone: (\_\_\_\_\_) \_\_\_\_\_ Rent Amt.: \$ \_\_\_\_\_ per month  
Date Rented/From: \_\_\_\_\_ To: \_\_\_\_\_

Have you or any members of your household ever been evicted from a rental property? \_\_ Yes \_\_ No

If yes, Property/Landlord Name: \_\_\_\_\_ City/State: \_\_\_\_\_

Property/Landlord Name: \_\_\_\_\_ City/State: \_\_\_\_\_

Property/Landlord Name: \_\_\_\_\_ City/State: \_\_\_\_\_

**Are you or any member of the household currently:**

- Homeless,
- At risk of being homeless,
- Formerly homeless,
- At risk of institutionalization, or
- In congregate housing

