

HOUSING AUTHORITY OF MONROE COUNTY

1055 W. Main Street

Stroudsburg, PA 18360

Phone: 570-421-7770 TDD: 570-421-6968

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Pre-Application for Housing

ONLY FOR HCVP Mainstream Voucher (MS 5): Non-elderly persons with disabilities transitioning out of institutional and other segregated settings, at serious risk of institutionalization, homeless, or at risk of becoming homeless.

HEAD OF HOUSEHOLD (Print clearly)

1. Name _____ Sex M or F
(First) (M.I.) (Last)

Mailing Address _____

(City) (State) (Zip)

Social Security _____ - _____ Date of Birth _____ Age _____

Telephone # _____ Contact/Cell # _____
E-mail _____

2. Other Family Members

First Name	Last Name	Social Security #	Sex	Date of Birth	Relation to Head

(Use other side for additional family members)

3. **Race (check one below)** **Ethnicity (check one below)**
 White Hispanic or Latino
 Black/African American Not-Hispanic or Latino
 American Indian/Alaska Native
 Asian
 Native Hawaiian/Other Pacific Islander

4. **Is anyone in your family pregnant?** YES NO

5. **Are any people in the household disable/handicapped?** YES NO
Mobility Impairment YES NO Hearing YES NO
Sight Impairment YES NO Mental Impairment YES NO

If applicable, list special accommodations _____

6. **Do you claim any of the following preferences? See top sheet description Question #6.**

_____ **Disability:** Is disabled household member 18 years of age or older and less than 62 years of age.
_____ **Homeless:** Is the family currently homeless? OR At risk of being homeless?

7. **FAMILY INCOME:** Check all that applies and fill in **monthly** amount:

Wages \$ _____ Social Security \$ _____
 SSI \$ _____ TANF/Welfare \$ _____
 Other \$ _____ Child Support \$ _____

8. **Has anyone in the household ever been arrested?** YES NO
If YES, **who, when** and **what** for _____

9. I CERTIFY THAT THE ABOVE INFORMATION IS ACCURATE AND COMPLETE.
I understand that submission of false information or misrepresentation may result in loss of eligibility to participate in the Housing Program.

Signature _____ Date _____