

# Project-Based Section 8 Waitlist Pre-Application

Ankeny Square

Property Name

Applicants must provide complete identifying information below to be placed on the subsidized housing wait-list. Incomplete forms will not be added to the waitlist. Please see the Building Criteria sheet and the Tenant Selection Plan for additional information and building requirements.

## Applicant Information

Last Name _____	First Name _____	M.I. _____
Date of Birth _____	Social Security Number _____	

## Contact Information

Mailing Address _____	Apt No. _____
City _____	State _____
(_____) _____ May we... <input type="checkbox"/> Text you? <input type="checkbox"/> Leave a Msg?	Em _____
<i>All notifications regarding waitlist are made by mail. Email may be used for follow up.</i>	

## Household Information (See eligibility information for applicability)

Number of people who will be living in the unit (include yourself) # _____
<b>Monthly</b> gross income from all sources except food stamps \$ _____
I require an accessible unit (subject to availability) <input type="checkbox"/> Yes
Have you lived in Central City Concern housing before? <input type="checkbox"/> No <input type="checkbox"/> Yes
If yes, when/where: _____
Have you been charged with or convicted of any crimes? <input type="checkbox"/> No <input type="checkbox"/> Yes
If yes, explain briefly: _____
Did an agency/individual refer you to CCC? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, what/who: _____

### Applicant – Please Read Carefully Before Signing

Central City Concern notifies waitlist applicants by mail when they near the top of the waitlist. Waitlist applicants must respond in person to Housing to notification to avoid being removed from the waitlist. It is waitlist applicant's responsibility to notify Housing of mailing address changes using the Address Change form for this building.

It is waitlist applicant's responsibility to review the Building Criteria and ensure he/she meets or will meet the criteria prior to move-in.

**I have read and understand the Building Criteria:** \_\_\_\_\_  
Applicant Initials

I certify the facts on this Pre-Application are true and complete. Providing false information will result in removal from the waitlist. I agree a complete investigation of all information reported on this Pre-Application and my subsequent application will not be an invasion of my privacy.

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

Office Use Only! ID #: \_\_\_\_\_ Initials: \_\_\_\_\_ Date/Time Rec'd: \_\_\_\_\_ Unit Size: \_\_\_\_\_

**Applicant Name:**

**Date:**

Please check one of the following boxes that best applies to your current living situation.

I am **not** currently homeless.

I am currently living in a place not designed for regular sleeping accommodations (street, car, park, abandoned building, campground, etc.)

- Where have you been sleeping? (general answer is fine) \_\_\_\_\_

I am currently living in an emergency shelter/mission.

- What is the name of the shelter/mission? \_\_\_\_\_

I am currently living in transitional housing for the homeless AFTER living on the street or in a shelter.

- What is the name of transitional housing? \_\_\_\_\_
- Where were you sleeping before you entered transitional housing? \_\_\_\_\_

I am currently living in an institution but anticipate exiting within 90 days of entering.

- Name of institution? \_\_\_\_\_
- Anticipated Exit Date (if known) \_\_\_\_\_

**Please initial the following statements in the space provided.**

I understand:

\_\_\_\_\_ This waitlist is for Single Room Occupancy (SRO) units only. SRO units are limited to 1-person households only.

\_\_\_\_\_ I will be required to submit State ID and a Social Security Card at intake. If I am a non-citizen, I will be required to submit evidence of eligible immigration status at time of intake.

\_\_\_\_\_ A urinalysis (UA) will be required at the time of intake. I must disclose any medications I am on at that time and may be denied if I refuse to complete a UA or leave the CCC Housing Office after being requested to complete a UA.

\_\_\_\_\_ I will be required to have a counselor, case manager, or program sponsor submit a recovery verification during the intake process that states my verifiable sobriety date and that I have been clean and sober for a minimum of 90 days.