



Date and Time Received:

Interstate Crossing: Housing Waitlist Pre-Application for Project-Based Section 8

Last Name _____ First Name _____ MI _____

Mailing Address _____ Apt # _____

City _____ State _____ Zip Code _____ Day Phone _____

LIST ALL PERSONS WHO WILL BE LIVING WITH YOU.

LIST YOURSELF FIRST:

1.	Full Name			Social Security Number	Relationship	Birthdate	Age	Student
	First	Middle Initial	Last					
1.					Head			
2.								
3.								
4.								
5.								
6.								

For additional family members please use an additional page

I require an accessible unit Yes ☐ No ☐

List Total Income Your Household Receives Each Month (including but not limited to employment, state and/or federal assistance, gifts, contributions, or allowances): \$ _____ (average gross)

Source(s): _____ (exclude food stamps)

Referral Preference Information*

Interstate Crossing gives waitlist preference to families referred by a partner agency and/or meet certain criteria. If you qualify for this preference, please have a representative from your referring agency complete this section.

Name of Agency: _____

Address: _____

Name & Title of Referring Individual: _____

Phone Number: _____ Relationship to Applicant: _____

Reason for Referral: _____

Signature of Referring Individual: _____

***a full list of preference point information is listed on the Building Criteria Sheet.**

Interstate Crossing Pre-Application

Unit and Property Selection

Central City Concern (“CCC”) recognizes the unique barriers experienced by homeless families in transitioning from homelessness and addiction into stable, permanent housing. Applicants are notified about vacant or anticipated vacant units as they become available. CCC occupancy standards are maximum 2 persons per bedroom. Households exceeding this limit will not be eligible. The subsidy program for which you are applying may impose additional occupancy standards.

Interstate Crossing is an Alcohol and Drug Free Community (ADFC) and applicants must meet certain criteria to become tenants in the building. Further, the waitlist for this building grants preferences to persons meeting certain criteria as outlined in building criteria. I have read and understand the building criteria for Interstate Crossing:

(Applicant’s initials)

Applicant: Please Read and Complete all Attachments Before Signing

Housing Administration notifies waitlist applicants 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 the waitlist applicant’s responsibility to review the Building Criteria and ensure they meet or will meet the criteria prior to move-in.

I certify the facts on this Pre-Application are true and complete. I understand that providing false or incomplete 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

Total Preference Points Accumulated*: _____

***a full list of preference point information is listed on the Building Criteria Sheet.**