

Meridian Gardens ADFC Project-Based Section 8 SRO, Studio Pre-Application



Office Use Only!

ID#:

Date/Time Rcv'd:

Applicant referrals to Meridian Gardens Permanent Supportive Housing (PSH) and Project-Based Voucher (PBV) Section 8
Single Room Occupancy (SRO) and Studios must provide complete identifying information below to be considered.
Incomplete pre-applications will not accepted. Please review Meridian Gardens PSH, PBV, SRO and Studio unit Tenant
Selection Plan for additional information on eliaibility and screening requirements.

Applicali	t Information						
Last Name			First Name		M.I		
Mailing Ad	ddress:			Apt	No		
City		State Zip C		ode			
All notific	cations regarding the wait	list are made by p	e Text you? Leave a Nohone (or email, when available). Appare who will be living with you.	plicants must provided	updated contact inf	o as needed.	
ccupants per			T				
	Full Name		Social Security Number	Relationship	Date of	Student	
First	MI	Last	(if available)		Birth	Yes/No	
				Head			
What unit	size(s)do you want to	be considere	d for? (check each that apply) ase Read Carefully B Meridian Gardens by mail (and p	efore Signing		e) when they	
Change form f	for this building, and ar	y other contac	nt's responsibility to notify CCC Het information changes. It is the value in the value in the prior to move in.	vaiting list applicant	s responsibility to		
I have read a	and understand the 1	Tenant Select	ion Plan: Applicant Initials				
he waitlist. Ta			tion is true and complete. Provio I information reported on this Pr	_	· · · · · · · · · · · · · · · · · · ·		
	Pre-applicant Sig	gnature (electron	ic signature acceptable)	 Date (n	nm/dd/yyyy)		