



# The Starlight Permanent Supportive Housing Project-Based Section 8 SRO Waiting List Pre-Application



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

### Applicant Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ Apt No. \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone (\_\_\_\_) \_\_\_\_\_ May we...  Text you?  Leave a Msg? Email \_\_\_\_\_

All notifications regarding the waiting list are made by mail (and phone or email, when available). Applicants must provide updated contact info as needed.

*Please note: The Starlight unit occupancy maximum is 1-person per SRO unit.*

Full Name			Social Security Number	Relationship	Date of Birth	Student
First	MI	Last	(if available)			Yes/No
1.				Head		

**Monthly** gross income (before taxes) from **ALL** sources except food stamps \$ \_\_\_\_\_ per month

I require an accessible unit (subject to availability)  Yes

Have you been charged with or convicted of any crimes?  No  Yes

If yes, briefly explain: \_\_\_\_\_

### Applicant- Please Read Carefully Before Signing

Central City Concern notifies applicant referrals for The Starlight by mail (and by phone and email if provided and legible) when they near the top of the waiting list. It is the waiting list applicant's responsibility to notify CCC Housing of mailing address changes using the Address Change form for this building, and any other contact information changes.

It is the waiting list applicant's responsibility to review the Tenant Selection Plan and ensure they meet or will meet the criteria prior to move-in.

**I have read and understand the Tenant Selection Plan:** \_\_\_\_\_  
*Applicant Initials*

I certify that information entered on this Pre-Application is true and complete. Providing false information will result in my removal from consideration at The Starlight. I agree to a complete investigation of all information reported on this Pre-Application and my subsequent application will not be an invasion of my privacy.

\_\_\_\_\_  
*Applicant Referral Signature (electronic signature acceptable)*

\_\_\_\_\_  
*Date (mm/dd/yyyy)*

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