

Magnolia Gardens  
219 Propect Road  
Suffolk, VA 23434  
Ph 757.923.4260  
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## PRE-APPLICATION

1. List all persons who will live with you if you receive housing assistance, (Start with yourself)

Last Name	First Name	Age	Date of Birth	Sex	Relationship to you	Monthly Income	Social Security #
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

2. Does anyone live with you now why is not listed above? ( ) YES ( ) NO

If yes, explain why this person will not be living with you. \_\_\_\_\_

3. Applicant's current address: Street:

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

4. Source(s) of Income: Social Security \_\_\_\_\_ Pension \_\_\_\_\_ Employment \_\_\_\_\_ Other \_\_\_\_\_

5. Unit type applied for: Efficiency \_\_\_\_\_ 1 Bedroom \_\_\_\_\_ Accessible \_\_\_\_\_

6. Have you or any member of your household been forced to move because of government action?

( ) YES ( ) NO If yes Explain \_\_\_\_\_

7. Are you currently receiving government subsidy for your housing? ( ) YES ( ) NO

8. Race/Ethnicity of head of household (for statistical purpose for HUD) ( ) Black ( ) White

( ) Hispanic/Latino ( ) American Indian/Alaskan Native ( ) Asian/Pacific Islander ( ) Other

9. Do you have: Checking \_\_\_\_\_ Saving \_\_\_\_\_ Money Market \_\_\_\_\_ CD \_\_\_\_\_ Stocks \_\_\_\_\_

Bonds \_\_\_\_\_ Own a House \_\_\_\_\_

10. Have you ever been convicted of a felony? ( ) YES ( ) NO

11. Are you or any member of your household subject to a lifetime sex offender registration requirement in any state? ( ) YES ( ) NO

12. Please list all states in which any household member has resided. \_\_\_\_\_

Applicant Certification: I certify that the statements made on this pre-application are true and complete to the best of my knowledge and belief. I understand that providing false statements or incomplete information may result in punishment under federal law.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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