

For Office Use Only:				
Date Rec'd./WL#	AMI%	#BR	#HH	ANNUAL INCOME
PRELIMINARY APPLICATION FOR RESIDENCY				

Head of Household (Please print clearly)

Name: _____
 Street: _____
 City/State/Zip: _____

Phone Numbers

Home: _____
 Work: _____
 Cell: _____

Household Members (Begin with your name)

NAME	Relationship to Head of Household	Sex M/F	Date of Birth	Monthly Gross Income
1	Self			
2				
3				
4				
5				
6				
7				

Does anyone in your Household fall into the following category?

Total Monthly Household Income: \$ _____

- Hold a Section 8 Voucher Veteran
 Employed as a Agricultural Worker/Farm Laborer
 Disabled _____ Does the member require a downstairs unit? Yes: _____ No: _____
 (Name of Household Member) Does the member require a live-in aid? Yes: _____ No: _____

Please read and sign below:

Certification: I declare under penalty of perjury under the laws of the State of California that the information contained in this Preliminary Application is given voluntarily and is true and correct. I understand that the answers are subject to verification.

Signature: _____ Date: _____

Affirmative Fair Housing: To help us assess affirmative fair housing effectiveness, please check the category that best describes your race/ethnicity. This information is strictly voluntary on your part.

Race Categories (Single Race)	Two or More Races	Ethnicity Category (Hispanic or Latino)
(1) American Indian or Alaskan Native	(6) American Indian or Alaskan Native <i>and</i> White	(a) Mexican/Chicano
(2) Asian	(7) Asian <i>and</i> White	(b) Puerto Rican
(3) Black or African American	(8) Black or African American <i>and</i> White	(c) Cuban
(4) Native Hawaiian or Other Pac Islander	(9) American Indian or Alaskan Native <i>and</i> Black or African American	(d) Other Hispanic/Latino
(5) White		(10) Decline to state

Submit your Preliminary application to the rental office at the property to which you are applying. It will not be accepted at the BHMC Main Office.