



Terrace Gardens Apartments
85 West Church Street
Newark, OH 43055
(740) 349-9260, FAX (740) 345-7781

PHA use Only: Date of application: _____ *Time of Application:* _____

Both sides of this application must be filled out completely in order to be able to process your application. If you have any questions please ask for assistance. Assistance will be provided. Completed application will be entered on the waiting list in the order received. The waiting list will then be sorted according to applicant admission preferences.

Pre-application for Public Housing

Name of Head of Household:	
Current Address:	
City and State:	
Phone number:	()
City and State of Birth:	
Date of Birth:	
Social Security Number	
Sex:	

For Statistical Purposes Only

This information is required for statistical purposes so that the department of HUD may determine the degree to which its programs are utilized by minority families.

4. Race of Head: African American/Black Asian or Pacific Islander Caucasian/White
 Native American/ Alaskan Native

5. Ethnicity of Head: Hispanic/Latino Non-Hispanic/Non-Latino

Are you age 50 or older? Yes No
 Are you disabled? Yes No
 Are you currently active in the Armed Forces? Yes No
 Are you a Veteran? Yes No
 Are you the spouse of a deceased Veteran? Yes No
 Are you currently living in subsidized housing? Yes No
 Are you homeless? Yes No

Have you been displaced by a declared National Disaster, such as a flood, hurricane, earthquake, tornado, etc.? Yes No

Have you been displaced by governmental action through no fault of your own? Yes No

Have you been displaced by domestic violence? Yes No

Are you employed? Yes No

Have you ever applied for or participated in a rental assistance program? Yes No

If yes, under what name? _____



Name of Co-Head:	
City and State of Birth:	
Date of Birth:	
Social Security Number:	
Sex:	

Family Income Information

Please list the source and amount of all current income received by all family members including yourself. Include all earning and benefits received from DA/TANF, VA, Social Security, SSI, SSDI, Unemployment, Worker's Compensation, Pension etc...

Family Member Name	Income Source	Amount \$	Frequency - Per		
			Week	Month	Year
			Week	Month	Year
			Week	Month	Year
			Week	Month	Year
			Week	Month	Year
			Week	Month	Year

Landlord Information

Current Landlord's Name	
Phone Number	
Address:	
Move-In Date:	

Former Landlord's Name:	
Phone Number:	
Address:	
Move-In Date:	
Move-Out Date:	

Terrace Gardens Apartments will be contacting former landlords for the period three years from the date of application.

I/we certify that the statements on this application are true to the best of my /our knowledge and belief and understand that you will be verified. I/we authorize the release of information to Terrace Gardens Apartments by my/our employer(s), the Department of Job and Family Services, the Social Security Administration, and /or other business or government agencies. I/we understand that any false statement made on this application will cause me/us to be disqualified for admission. Also, by signing this form I/we give permission to Terrace Gardens Apartments to conduct a criminal background, credit, and rental history check.

Applicant Signature

Date

Co-Applicant Signature

Date