



COCOA HOUSING AUTHORITY INITIAL PRELIMINARY APPLICATION

 Public Housing

 Section 8 - Choice Voucher

HEAD OF HOUSEHOLD - Legal Names ONLY

First & Last Name	Date of Birth	
Middle Initial	Birthplace	
Sex	Monthly Income	
Social Security #		

OTHER ADULTS IN HOUSEHOLD

First & Last Name	Date of Birth	
Middle Initial	Birthplace	
Sex	Monthly Income	
Social Security #		

MINORS IN HOUSEHOLD

First & Last Name	Date of Birth	
Middle Initial	Birthplace	
Sex	Monthly Income	
Social Security #		

MINORS IN HOUSEHOLD

First & Last Name	Date of Birth	
Middle Initial	Birthplace	
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ON THE SPACE BELOW PLEASE ADD ADDITIONAL FAMILY MEMBERS WITH THE ABOVE INFO IF MORE SPACE IS REQUIRED

RACE (Please check box below)

WHITE	<input type="checkbox"/>	ASIAN or PACIFIC ISLANDER	<input type="checkbox"/>
BLACK	<input type="checkbox"/>	AMERICAN INDIAN or ALASKAN NATIVE	<input type="checkbox"/>

YOU ARE REQUIRED TO NOTIFY THE HOUSING AUTHORITY (IN WRITING) OF ANY CHANGE OF ADDRESS. IF WE CANNOT CONTACT YOU AT THE ADDRESS BELOW, YOUR NAME WILL BE REMOVED FROM THE WAITING LIST AND YOU WILL HAVE TO RE-APPLY

PRESENT ADDRESS	DAYTIME PHONE#
MAILING ADDRESS	EVENING NUMBER
LANDLORD'S NAME	RENT AMOUNT

PLEASE ANSWER QUESTIONS BELOW

Are you under the age of 62?	
Do you hold Veteran status?	
What is your source of income	
What is the monthly amount of your benefit? (SSA, SSD, OR SSI)	
Do you owe any money to a Public Housing Agency?	

I DO HEREBY CERTIFY THAT ALL INFORMATION I HAVE PROVIDED IS COMPLETE AND ACCURATE

Print your Name	
Signature	
Date of Application	
Time	