

**COMMUNITY DEVELOPMENT DEPARTMENT
AFFORDABLE RENTAL HOUSING PROGRAM PRE-APPLICATION**

HEAD OF HOUSEHOLD INFORMATION:

SOCIAL SECURITY NUMBER:	LAST NAME:	FIRST NAME:	BIRTH DATE:	MALE	FEMALE	
STREET ADDRESS:		CITY:	STATE:	ZIP CODE:		
HOME PHONE:	WORK OR MESSAGE PHONE:	\$ MONTHLY RENT:	MOBILE HOME YES NO			
TOTAL ANNUAL GROSS INCOME (BEFORE TAXES): \$		ANNUAL INCOME / YEAR		INCLUDE TOTAL INCOME FOR ALL HOUSEHOLD MEMBERS COMBINED		
DOES ANY ADULT IN THE HOUSEHOLD WORK IN ANAHEIM?					Yes	No
DISABILITY: ARE YOU, OR YOUR SPOUSE, OR THE CO-HEAD OF HOUSEHOLD, PERMANENTLY DISABLED?					Yes	No
HOMELESS APPLICANT: CURRENT LIVING SITUATION IS SHELTER HOTEL/MOTEL IN CAR OTHER: _____						
LANGUAGE: ENGLISH		SPANISH	VIETNAMESE	HEARING IMPAIRED: YES NO		WHEELCHAIR: YES NO
ETHNICITY: HISPANIC		NON-HISPANIC	MINORITY: WHITE	BLACK	AMERICAN INDIAN/ ALASKA NATIVE	ASIAN HAWAIIAN/ PACIFIC ISLANDER

WHO WILL BE LIVING WITH YOU?

LAST NAME	FIRST NAME	SOC. SEC. #	BIRTH DATE	RELATION TO HEAD OF HOUSEHOLD (SPOUSE, SON, DAUGHTER, ETC)	SEX	
1.					M	F
2.					M	F
3.					M	F
4.					M	F
5.					M	F
6.					M	F

IMPORTANT: Please review this Pre-Application to make sure it is complete. *It will be returned to you if any section is blank or incomplete.* We will notify you by mail when your Pre-Application has been accepted.

Signature of Head of Household

Date

Mail to:
Community Development
C/O: Affordable Housing
P.O. Box 3222
Anaheim, CA 92803-3222

In Person:
C/O: Affordable Housing
201 S. Anaheim Blvd., 2nd Floor
Anaheim, CA 92805

Email/ Online:
affordablehousing@anaheim.net
www.anaheim.net
(Community Development)

NOTICE

The Anaheim Housing Authority gives a preference to persons who live or work in the incorporated area of Anaheim. If you live outside of the City of Anaheim, you may apply, but you will not receive assistance until all applicants who live or work in the City of Anaheim are assisted.