ELMIRA HEIGHTS URBAN RENEWAL AGENCY
215 ELMWOOD AVE.
ELMIRA HEIGHTS, NY 14903
Phone: 607/734-1531
Fax: 607/215-0146 **Email:** elmiraheightsur@gmail.com

HOUSING **C**HOICE **V**OUCHER (Section 8) **PRE- APPLICATION**

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1. HEAD OF HOUSEHOLD INFORMATION   ☐ **Disabled**   ☐ **Veteran**

Last Name_____ First Name_____ Middle Initial____

Social Security Number_____ Date of Birth_____

Mailing Address_____

_____
 (City)   (State)   (Zip Code)

Telephone Number_____ Alternate Telephone Number_____

2. CO-HEAD or SPOUSE INFORMATION

Last Name_____ First Name_____ Middle Initial____

Social Security Number_____ Date of Birth_____

Phone Number_____

3. HOW MANY PEOPLE WILL LIVE IN THE UNIT? (Including yourself) _____

ADULTS: Male_____ Female_____   **CHILDREN**: Male_____ Female_____

4. I WOULD LIKE MY NAME PLACE ON A WAITING LIST. (2-5 Year Wait Period)
            ☐ YES   ☐ NO

5. For HUD statistical purposed only
Please identify your race and ethnicity by checking one box in each of the categories below:

Check One: **Check One:**
☐ White   ☐ Hispanic or Latino
☐ Black/African American   ☐ Non- Hispanic or Latino
☐ American Indian/Alaskan Native
☐ Asian
☐ Native Hawaiian/ Other Pacific Islander

6. SOURCES OF TOTAL COMBINED FAMILY INCOME: Check ALL that apply and indicate the Monthly amounts:

☐ Wages $_____   ☐ Social Security$_____   ☐ Social Security Disability $_____
☐ TANF/ Welfare $ _____   ☐ Pension $_____   ☐ Other $_____

Signature of Head of Household _____Date:_____