



ELMIRA HEIGHTS URBAN RENEWAL AGENCY
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HOUSING CHOICE VOUCHER (Section 8) PRE- APPLICATION

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:

- White
- Black/African American
- American Indian/Alaskan Native
- Asian
- Native Hawaiian/ Other Pacific Islander

Check One:

- Hispanic or Latino
- Non- Hispanic or Latino

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 \$ _____

I certify that the above information is accurate and complete. I understand that submission of false information or misrepresentation may result in loss of eligibility to participate in the Housing Choice Voucher Program. You must inform us of any contact information changes. If we cannot contact you using the above information, your application will be removed from the wait list.

Signature of Head of Household _____ Date: _____