

# Preliminary Application

The application **MUST** be filled out completely to be accepted.

The following documents are **required** to be turned in at the time the application is accepted.

1. Original birth certificates for each family member
2. Original Driver's License or State ID for each adult
3. Original Social Security Cards for all family members
4. Verification of Military service (if applicable)

- ↔ You will be asked to bring in updated documentation when your name nears the top of the list
- ↔ It is your responsibility to keep your application up to date (Change of phone number, address, income, etc.) This must be put in writing and turned into the office.

The applicant must provide the Rockwood Housing Commission with an address where the applicant will receive letters and other means of correspondence, sent by RHC, in a timely manner. Additionally, a working phone number must be on file. This will serve as a way of getting immediate contact/messages to the applicant. It is the applicant's responsibility to make it possible for the RHC to reach them; therefore, failing to comply will result in delay or denial of the submitted application.



IRVING BREWER APARTMENTS
JANET DALLWIG FAMILY HOUSING

Public Housing Preliminary Application

APPLICATION MUST BE ENTIRELY FILLED OUT. FAILING TO PROPERLY ANSWER ALL QUESTIONS, COULD DISQUALIFY APPLICANTS FOR WAIT LIST PLACEMENT. APPLICATIONS THAT ARE ALTERED OR ILLEGIBLE WILL BE DISQUALIFIED FOR WAITLIST PLACEMENT. FALSIFYING INFORMATION IS CONSIDERED FRAUD AND CAN BE SUBJECT TO FINES AND/OR IMPRISONMENT.

Applicant Information

Full Name: Last First M.I. Date:

Address: Street Address Apartment/Unit #
City State ZIP Code

Home Phone: Cell Phone:

Email Address:

HOUSEHOLD INFORMATION

Table with 5 columns: NAME (STARTING WITH HEAD OF HOUSEHOLD), RELATIONSHIP TO HEAD (M OR F), DATE OF BIRTH, AGE, SOCIAL SECURITY NUMBER. Rows 1-8.

1. What is the total annual household income? \_\_\_\_\_
2. Is the Head of Household, Spouse, or Co-Head Disabled or Handicapped? \_\_\_ Yes \_\_\_ No
3. Race of Head of Household: \_\_\_ White \_\_\_ Black \_\_\_ American Indian/Alaskan Native  
\_\_\_ Asian/ Pacific Islander
4. Is the Head of Household, Spouse, or Co-Head a Veteran of the U.S. Armed Forces? \_\_\_ Yes \_\_\_ No
5. Does the Head of Household, Co-Head, or Spouse work (or notified to work) in the City of Rockwood of Rockwood, MI? \_\_\_ Yes \_\_\_ No
6. Is the Head of Household, Spouse, or Co-Head experiencing displacement or substandard housing?  
\_\_\_ Yes \_\_\_ No If yes, please provide verifiable documentation. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. Does any household member (regardless of age) have a criminal record? \_\_\_ Yes \_\_\_ No  
If yes, provide all details, including the nature of record, dates, and any other pertinent information.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. Are all household members either citizens of the United States or have eligible immigration status?  
\_\_\_ Yes \_\_\_ No  
If not, please list members that are not citizens or do not have eligible immigration status. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Disclaimer and Signature**

*I certify that the above information represents a true and complete record and that falsifying information is considered fraud and can be punishable by fines and/or imprisonment. Furthermore, I understand that the acceptance of this Preliminary Application by the Rockwood Housing Commission is for the sole purpose of wait list placement for the Public Housing Program and does not constitute eligibility for the Program. Eligibility will be determined after submission and verification of the Final Application.*

\_\_\_\_\_  
Signature of the Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Spouse/Co-Head

\_\_\_\_\_  
Date

FOR OFFICE USE ONLY

Accepted By: \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_