

HAND DELIVER OR MAIL TO:
 TALLAHASSEE HOUSING AUTHORITY
 2940 GRADY ROAD
 TALLAHASSEE FL 32312

TIME & DATE RECEIVED _____

**PUBLIC HOUSING
 APPLICATION
 TALLAHASSEE HOUSING AUTHORITY**

INSTRUCTIONS: PRINT ALL INFORMATION AND BE COMPLETE

APPLICANT NAME: _____ SSN# _____

ADDRESS: _____ CITY: _____ STATE/ZIP: _____

ETHNICITY: NON-HISPANIC _____ HISPANIC _____

RACE: BLACK _____ WHITE _____ MULTI-RACIAL _____ ASIAN/ISLAND PACIFIC _____

HOME PHONE #: _____ WORK #: _____ CELL/BEEPER: _____

EMERGENCY CONTACT PERSON

NAME _____ ADDRESS _____ PHONE _____

LIST ALL FAMILY MEMBERS BEGINNING WITH APPLICANT, SPOUSE, OTHER ADULTS, AND OLDEST TO YOUNGEST CHILDREN THAT WILL BE LIVING WITH YOU IN THE UNIT:

NAME	RELATIONSHIP	SEX	DATE OF BIRTH	AGE	PLACE OF BIRTH	SOCIAL SECURITY NUMBER
1						
2						
3						
4						
5						
6						
7						
8						

LIST ALL INCOME FOR THE FAMILY BY FAMILY MEMBERS:

FAMILY MEMBER NAME	INCOME SOURCE	AMOUNT	HOW PAID: WEEKLY/BIWEEKLY/MONTHLY

ARE YOU DISABLED? YES ___ NO ___, IF YES, WHAT TYPE OF DISABILITY DO YOU RECEIVE:

DO YOU REQUIRE A HANDICAPPED ACCESSIBLE UNIT? YES _____ NO _____

LIVING IN TRANSITIONAL HOUSING PRESENTLY YES _____ NO _____

HAVE YOU OR ANY ADULT MEMBERS OF YOUR HOUSEHOLD EVER BEEN EVICTED FROM PUBLIC OR ASSISTED HOUSING FOR DRUG OR CRIMINAL ACTIVITY? YES ___ NO ___

NAME: _____

APPLICANT SIGNATURE: _____ DATE: _____

NOTICE: You are required to notify the Housing Authority (in writing of any change of address).

FOR OFFICE USE ONLY: ELIGIBLE YES ___ NO ___
 DISABILITY CLAIMED AND VERIFIED YES ___ NO ___
 BEDROOM SIZE _____