



YOSEMITE VILLAGE PRE-APPLICATION

MAIL APPLICATION TO:

P.O. Box 12245, Fresno, California 93777-2245
 (559) 445-8956 www.hafresno.org TTY: 800-735-2929



HEAD OF HOUSEHOLD

(First) (Middle) (Last)

ADDRESS: _____ APT: _____ CITY: _____ STATE: _____ ZIP: _____

E-MAIL _____ SSN: _____ DATE OF BIRTH: _____ SEX: M / F

HOME PH.: _____ CELL PH.: _____ MESSAGE PH: _____

INFORMATION: List ALL persons (other than you) who will be living in the household.

	FIRST AND LAST NAMES	Relationship To You	Sex M/F	Date of Birth	Social Security No.
1					
2					
3					
4					
5					
6					
7					
8					

PREFERENCES: To qualify for a preference, please read the following questions and check **ALL** that apply:

RESIDENCY PREFERENCE: Are you a family who **lives**, works or has been hired to work or who is attending school in Fresno County? Yes No

VETERANS PREFERENCE: Are you a current member of the U.S. Armed Forces, a U.S. Veteran, or surviving spouse of a U.S. Veteran? Yes No

DISABILITY STATUS: Are you or your co-head or spouse a person with a disability? Yes No
 Are you or any member of your family a person with a mobility impairment that needs an accessible unit (wheelchair accessible)? Yes No

AFFIRMATIVE ACTION INFORMATION. Applicants are considered for housing without regard to race, color, religion, sex, national origin, familial status, or disability (physical or mental). Federal and state governments require the Housing Authority to collect certain demographic information. This information helps us to better serve those populations most in need of the Housing Authority's assistance. To help us with this goal, please complete the information regarding ethnicity and race below. The information you provide will only be used for the Authority's compliance with federal and state, record keeping and, reporting requirements. The information you provide has no bearing on the processing or approval of your application and will not be used for law enforcement purposes.

Ethnicity: (Select Only One) Hispanic or *Latino* Not-Hispanic or *Latino*

Race: (Select All that Apply) American Indian or Alaska Native Asian
 Black or African American Native Hawaiian or Other Pacific Islander White Other

APPLICANT'S RESPONSIBILITY. Applicants are required to inform the Housing Authorities, in writing, of changes in family composition, preferences, address, phone numbers, or any other information that may affect their application on the waiting list(s). **Please mail your application changes to the address provided below.**

CERTIFICATION. The information provided on this pre-application form is complete and true to the best of my knowledge. I understand that providing false information may lead to denial of this application, to eviction (if the falsehood is discovered after move-in), or to criminal prosecution. I understand that admission to this site is conditioned upon eligibility criteria set by federal law, rules set by this site's resident selection plan, and my payment of any applicable security deposit in advance of move-in.

 Print Head of Household's Name

 Social Security #

 Head of Household's Signature

 Date

**COMPLEX LOCATED AT
 709 W. CALIFORNIA AVE., FRESNO, CALIFORNIA**