Sacred Heart Village Inc.

920 North Monroe Street, Wilmington, DE 19801-1337
Telephone: (302) 654-5407 | Facsimile: (302) 654-6758 | TTY: 302-428-0801
E-mail: mail@sacredheartvillage.org

PRE-APPLICATION FOR HOUSING at SACRED HEART VILLAGE I

1 Head of household (PLEASE PRINT CLEARLY)

Last name _____

First name _____ Middle name _____

Address (# and street) _____ Apt # _____

Development or housing complex _____

City _____ State _____ ZIP code _____

Daytime phone number (with area code) _____

Evening phone number (with area code) _____

E-mail address _____

What is your month and year of birth _____ / _____ Your current age _____ Male _____ Female _____

What is your annual income before taxes $ _____ Social Security Number _____ - ____ - _____

2 Co-applicant (if applicable)

Last name _____

First name _____ Middle name _____

What is this person's relationship to you? Husband ____ Wife ____ Fiancé ____ Fiancée ____

Daytime phone number (with area code) _____

Evening phone number (with area code) _____

E-mail address _____

What is your month and year of birth _____ / _____ Your current age _____ Male _____ Female _____

What is your annual income before taxes $ _____ Social Security Number _____ - ____ - _____

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TURN OVER *Please complete the details on the other side of this sheet >>*

3 Your household (Only two people may occupy a unit at Sacred Heart Village at any time).

3.1. Does anyone live with you now who is not listed on the previous page? Yes _____ No _____

3.2. Do you expect the number of people in your household to change? Yes _____ No _____

If you answered yes to question 3.1 or 3.2 above, please give full details in the space below.

_____

_____

_____

4. Are you currently living in a subsidized house or apartment? Yes _____ No _____

Do you or your co-applicant have any special housing needs? Yes _____ No _____

If you answered yes to question 4, please give full details in the space below.

_____

_____

5. Are you and your co-applicant able to live independently? Yes _____ No _____

If you answered no to question 5, please give full details in the space below.

_____

_____

6. Are you applying for a unit accessible to a wheelchair user? Yes _____ No _____

If you answered yes to question 6, please give full details in the space below.

_____

_____

Applicant certification

I hereby certify that the statements I have made on this pre-application form are true and complete to the best of my belief and knowledge. I understand that providing false statements or incomplete information may result in punishment under federal law.

Name of applicant _____ Signature _____ Date ___/___ /___

Name of co-applicant _____ Signature _____ Date ___/___ /___

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