



MOWA CHOCTAW HOUSING AUTHORITY

1080-A Reservation Road
 Mt. Vernon, Alabama 36560
 Phone: (251) 829-5000

Received By _____

Date Received _____

Time Received _____

Application

Date _____

Time _____

(Please Print)

1. Name _____

2. Address _____ City _____ Zip _____

3. How Long? _____ 4. Work Phone _____ 6. Home Phone _____

7. Landlord's Name _____ 8. His Phone _____

9. Landlord's Address _____

10. Prior Landlord _____ 11. Phone _____

12. And Address _____

13. Have You Been Displaced? _____ How? _____

14. Reason For Moving: Substandard Without or About To Be Without Housing Other

15. Employed By _____ 14. How Long? _____

16. Position _____

17. **HOUSEHOLD COMPOSITION**

Names Of Household Members	Relationship To Head	Sex	Place Of Birth	Date Of Birth	Full Time Student?	Disabled/ Handicapped	Social Security Number	Citizenship/ Alien Status
1.	Head							
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								

Applicants Continued Interest In Housing

6 Months		12 Months		18 Months		24 Months		30 Months	
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Head _____ Co-Applicant _____

18. Income

Name Of Household Member	Wages Salaries Etc.	Social Security Pensions	AFDC	SSI	Foster Child Care	Other
1.	\$	\$	\$	\$	\$	\$
2.	\$					
3.	\$					
4.	\$					
5.	\$					
6.	\$					
7.	\$					
	\$	\$	\$	\$	\$	\$

TOTAL ANNUAL INCOME \$

18. Net Family Assets

Type	Amount
	\$
	\$
	\$
	\$
Total	\$

A
B
C
D
E
F
G
H
I
J
K
L
M
N
O
P
Q
R
S
T
U
V
W
X
Y
Z

19. Minority (Circle)

White Black Asian American Indian Alaskan Native Pacific Islander

20. Ethnicity (Circle)

Hispanic Nonhispanic

21. Anticipated Amount To Be Spent For Child Care or Sick/Incapacitated Family Members \$ _____

22. Anticipated Amount To Be Spend For Medical Expenses \$ _____

23. Anticipated Amount To Be Spend For Unusual Occupational Expenses \$ _____

24. References: Bank _____

Checking Account _____ Savings Account _____

Credit _____

Personal _____

25. When Do You Wish To Move In? _____

26. I Certify That The Foregoing Information Is True And Complete To The Best Of My Knowledge. I Authorize Inquiries To Be Made To Verify The Statements Above.

Head _____ Co-Applicant _____