



Public Housing Program Pre-Application

The Pre-Application must be completed and submitted to the address listed below. Only one pre-application accepted per household. Only one pre-application per envelope.

Please print. If selected, we will contact you ONLY by the phone number or email provided.

Name: _____

Social Security Number: _____ DOB: _____

Address: _____

City _____ State _____ Zip _____

Email: _____

Cell Phone: _____ Can you accept text messages: Yes _____ No _____

Home Phone: _____

Please list all household members you wish to put on your application. Use the back of this form or attach an additional sheet if needed.

NAME	DATE OF BIRTH	GENDER	RELATIONSHIP TO HEAD OF HOUSEHOLD

As a result of a household member's disability, are you requesting any reasonable accommodations be made? Yes _____ No _____

If yes, what type of accommodation are you requesting? _____

I certify that the above information is accurate and complete. I understand that submission of false information or misrepresentation may result in loss of eligibility to participate in the Public Housing Program. I certify that I have attained the age of 18 and therefore have legal capacity to act on my own behalf in the matter of contracts.

Signature of Head of Household

Date

**Pre-Applications will be accepted via US Mail or hand delivered to:
LMHA PH-WL, 1600 Kansas Ave, Lorain, Ohio 44052**