

CAHMCO Renaissance Apartments
Pre-Application

Size of Unit: 1 BR_____ 2 BR_____ Studio_____ (check one)

Name (Head of Household):_____

Address: _____

Phone: (Home) _____ (Work)_____

Would you be interested in a handicapped accessible unit? () Yes () No

Do you feel you qualify for a housing preference? () Yes () No

Annual Household income: \$_____

(Combined income for all people expected to live in the apartment over the age of 18)

Household Data: Please list all persons who will occupy the unit:

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Date apartment is needed: _____

Optional and for subsidized Programs only:

RACE: Caucasian ___ African-American ___ Hispanic ___ Other _____

FOR INTERNAL USE ONLY:

Date Application Received: _____

Time Application Received: _____