

HOUSING AUTHORITY OF THE CITY OF YORK HOUSING AUTHORITY  
 31 SOUTH BROAD ST, P.O. BOX 1963  
 YORK PENNSYLVANIA 17405

<b>OFFICE USE ONLY</b>	
DATE _____	TIME _____

PLEASE PRINT ALL INFORMATION

DATE \_\_\_\_\_

**HOMEOWNERSHIP OPPORTUNITY PRE-APPLICATION FORM**

NAME			PRESENT ADDRESS		
LAST	FIRST	MIDDLE	LENGTH OF RESIDENCE		OWN      RENT
SPOUSE			PREVIOUS ADDRESS		
LAST	FIRST	MIDDLE	LENGTH OF RESIDENCE		

I. List the names of all person who will live with you, including yourself

MEMBER NO	NAME	RELATION TO FAMILY HEAD	SEX M OR F	RACE	AGE	DATE OF BIRTH	SOCIAL SECUIRTY NUMBER	OCCUPATION
1								
2								
3								
4								
5								
6								
7								
8								

Do you expect any change in your family size?    Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain \_\_\_\_\_

I am applying for a 3 bedroom \_\_\_\_\_ or a 4 bedroom \_\_\_\_\_

II. Total family assets:

TYPE	AMOUNT
	\$
	\$
	\$
	\$

III. PRESENT FAMILY EXPENSES

Medical Care \$	Child Care \$
Support \$	Rent \$
Loans \$	Charge Accounts\$
Utilities Gas\$	Electric \$
Water \$	Sewer \$
Trash \$	Other \$
Other \$	Other \$

IV. Total Family Income (List all income received from person who will reside in the household. This includes full amount of wages, welfare assistance, unemployment compensation, G.I. allotment, pension, G.I. subsistence, child welfare board, alimony, spousal support, child support, G.I. death benefits, Social Security, investments, real estate, insurance, or any other source.)

MEMBER NO	INCOME SOURCE (GIVE NAME AND ADDRESS BY WHOM PAID)	AMOUNT BEFORE DEDUCTION (INDICAE PER WEEK, MONTH OR YEAR BEFROE DEDUCTION)	DEDUCTIONS (INDICATE TYPE AND AMOUNT OF WAGE DEDUCTIONS)
1			
2			
3			
4			
5			
6			

V. Please indicate reason for applying for the Homeownership Opportunity Program: \_\_\_\_\_

The above information is correct to the best of my knowledge. I have no objection to inquiries for the purpose of verifying the facts herein stated.

I authorize the release to the Housing Authority of the City of York information relative to my application for housing in the Homeownership Opportunity Program, such as income, family composition, etc. This authorization will continue in force and effect until terminated in writing by the undersigned.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

All household members age 18 and over must sign the application