

# Mansfield Housing Authority

## PRELIMINARY APPLICATION

[Clear Application Data](#)

English ▼

Note: Fields marked with a "\*" are required fields.

ALL HOUSING PROGRAMS: By completing the application below, you are applying to be placed on a waiting list. Placement on a waiting list does not mean you are, in fact, eligible for assistance. A final determination of eligibility will be made when you are selected from the waiting list. We do not have any emergency or immediate housing available.

1. SECTION 8 WAITING LIST: CLOSED NOTE: If you provide an EMAIL address in the application, it will be used to communicate with you.
2. HOLINKO ESTATES WAITING LIST: (NOT SECTION 8) FAMILY HOUSING. NOTE: If you provide an EMAIL address in the application, it will be used to communicate with you.
3. WRIGHTS VILLAGE WAITING LIST: (NOT SECTION 8) You MUST be 62 years of age or older OR disabled and receiving disability benefits. NO CHILDREN. NOTE: If you provide an EMAIL address in the application, it will be used to communicate with you.

PRIOR TO STARTING THE APPLICATION: Using the drop down box next to Waiting List below, please select the Housing Program waiting list for which you want to apply. If the housing program waiting list does not appear in the drop down box, the list is closed.

Waiting List\* ▼

### Head of Household

#### Applicant

First Name\*

Middle Initial

Last Name\*

Social Security Number\*  ex. xxx-xx-xxxx

Date of Birth\*  ex. mm/dd/yyyy

Sex\*  Female  Male

Disabled\*  Yes  No

Home Number  ex. (xxx) xxx-xxxx

Mobile Number  ex. (xxx) xxx-xxxx

Other Phone/E-mail

Other Phone Type ▼

#### Ethnicity / Race / Citizenship

Select at least one from either **Race** or **Ethnicity**

Ethnicity\* ▼

Race\*  White  
 Black/African American  
 American Indian/Alaska Native  
 Asian  
 Native Hawaiian/Other Pacific Islander

Citizenship\* ▼ [Help](#)

Racial and ethnic data is collected for statistical purposes only.

I agree to receive future E-mail notifications from the Housing Authority. You will still receive your confirmation E-mail if this box is unchecked.

### Household Information

#### Legal Address

(Where you currently live)

Address Line 1\*

Address Line 2

City\*

State\* ▼

ZIP Code\*  -

#### Mailing Address (If different from Legal)

(Where you currently receive mail)

Address Line 1

Address Line 2

City

State ▼

ZIP Code  -

**Household Members**

List information for adults first, then children under age 18. Use "F" or "M" to indicate sex. List relationship of each person to the Head of Household.

Full Name	Personal	Disabled	Relationship	Ethnicity / Race
<b>Head</b>				
First Name	Soc. Sec. #	Disabled? <input type="checkbox"/>	Relationship	Ethnicity
<input type="checkbox"/> Middle Initial	Date of Birth			<input type="checkbox"/> White
Last Name	Sex <input type="checkbox"/>			<input type="checkbox"/> Black/African American
				<input type="checkbox"/> American Indian/Alaska Native
				<input type="checkbox"/> Asian
				<input type="checkbox"/> Native Hawaiian/Other Pacific Islander
First Name	Soc. Sec. #	Disabled? <input type="checkbox"/>	Relationship	Ethnicity
<input type="checkbox"/> Middle Initial	Date of Birth			<input type="checkbox"/> White
Last Name	Sex <input type="checkbox"/>			<input type="checkbox"/> Black/African American
				<input type="checkbox"/> American Indian/Alaska Native
				<input type="checkbox"/> Asian
				<input type="checkbox"/> Native Hawaiian/Other Pacific Islander
First Name	Soc. Sec. #	Disabled? <input type="checkbox"/>	Relationship	Ethnicity
<input type="checkbox"/> Middle Initial	Date of Birth			<input type="checkbox"/> White
Last Name	Sex <input type="checkbox"/>			<input type="checkbox"/> Black/African American
				<input type="checkbox"/> American Indian/Alaska Native
				<input type="checkbox"/> Asian
				<input type="checkbox"/> Native Hawaiian/Other Pacific Islander

**Family Income and Assets**

List total gross income (before taxes) and payments received by each family member age 18 or older for wages, military pay, pensions, social security, SSI, welfare, child support, unemployment, business, profession, or any other source. Include payments made to family members age 18 or older on behalf of other family members under age 18.

At least one source of income must be specified. If you do not have any income, select the Head of Household from the "First Name" dropdown, enter 0 for "Gross Income", and select "Yearly" for "How Often".

First Name	Gross Income	How Often	Annual	Name and Address for the Source of Income
* <input type="checkbox"/>	* \$	* <input type="checkbox"/>	\$0	
<input type="checkbox"/>	\$	<input type="checkbox"/>	\$0	
<input type="checkbox"/>	\$	<input type="checkbox"/>	\$0	
<input type="checkbox"/>	\$	<input type="checkbox"/>	\$0	
<input type="checkbox"/>	\$	<input type="checkbox"/>	\$0	
<input type="checkbox"/>	\$	<input type="checkbox"/>	\$0	
<input type="checkbox"/>	\$	<input type="checkbox"/>	\$0	

List total cash value and total income received for assets owned by all family members.

Type of Asset	Cash Value of Asset	Annual Income Received from Asset
Checking Accounts	\$	\$
Savings Accounts	\$	\$
Stocks, Bonds, CDs, Investment	\$	\$
Real Estate	\$	\$
Other	\$	\$

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**Supplemental and Optional Contact Information**

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You have the right to include as part of your application contact information for a person or organization that may be able to help you resolve any issues that may arise during your tenancy or to assist in providing any special care or services you may require should you become a tenant. You are not required to provide this contact information, but if you choose to do so, please click the "Add Contact" button below to complete the form.

Check this box if you choose not to provide the contact information.

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**Certification**

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Housing may be contingent upon the submission and verification of evidence of citizenship or eligible immigration status prior to the time housing is made available. Based on the evidence submitted at that time, assistance may be prorated, denied or terminated following appeals and Informal hearing processes.

Use the fields below to confirm the information entered in the Head of Household section.

Head of Household Social Security Number\*  ex. xxx-xx-xxxx

Head of Household Date of Birth\*  ex. mm/dd/yyyy

By submitting this form, I certify that the information provided is true and complete to the best of my knowledge and belief. Warning! Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly making false statements or misrepresentation to any department or agency of the United States.

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