



**HOUSING AUTHORITY OF THE CITY OF BLOOMINGTON**  
**1007 N. Summit Street**  
**Bloomington, IN 47404**

**SECTION 8 RENTAL ASSISTANCE PROGRAM – PRE-APPLICATION**

TELEPHONE (812) 339-3491  
 FAX (812) 339-7177

<b>(FOR OFFICE USE ONLY)</b>			
<b>DATE/TIME APPLICATION WAS RECEIVED</b> _____	<b>INITIALS</b> _____		
<b>BEDROOM SIZE</b> _____	<b>INCOME LEVEL</b> _____	<b>PREFERENCE POINTS</b> _____	

**PERSONAL INFORMATION**

**NAME** \_\_\_\_\_  
 (Last Name) (First Name) (Middle Initial)

**ADDRESS** \_\_\_\_\_  
 (Street) (Apt #) (City)

\_\_\_\_\_  
 (State) (Zip Code) (Phone #) (Alternate Phone #)

**MAILING ADDRESS** (If different from above) \_\_\_\_\_ Zip \_\_\_\_\_

**HOUSEHOLD COMPOSITION**

List all household members starting with you. Please note that children listed in this section **MUST** reside in the assisted household at least 51% of the time; verification may be requested by the housing authority. If additional room is needed, attach additional paper. All information is required. **Do not** enter "see attached" or "on file" for any requested information.

NAME: Last, First, Middle Initial	Social Security Number	Relationship to Head of Household	Date of Birth	Age	Sex	US Citizen Y/N	Legal Non-Citizen Y/N
		HEAD/SELF					

**RACE & ETHNICITY** *(Not mandatory. For HUD statistical purposes only, check all that apply.)*

- American Indian/ Alaska Native  
  Asian  
  Black  
  Hispanic  
 Hawaiian/ Pacific Islander  
  White

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**HOUSEHOLD INCOME**

All income coming into the household must be entered in this section. This includes wages from employment, unemployment, Social Security, SSI, SSDI, SSW, SSS, TANF, food stamps, pension/retirement benefits, alimony, child support, family support, and all other sources of income for **all** household members.

- Employment     SS/SSI     Child Support     Unemployment     TANF     Food Stamps  
 Family Support     Other

**Monthly Gross Income of the Household\*:** \$\_\_\_\_\_.

\*This is the total monthly income, before deductions, of all family members that will be living in your unit.

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**WAITING LIST PREFERENCES:** (check all that apply to you, verification required at time of admission).

- Monroe County Resident     Owen, Greene, Lawrence, Morgan, Brown County Resident  
 Working Full Time (35+ hours/week)     Working Part Time (20-34 hours/week)  
 Head of Household and Spouse are both Elderly and/or Disabled     Veteran     Homeless  
 Any member of Household is Elderly (62 and older)     Any member of Household is Disabled

*If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact the BHA at 812-339-3491.*

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**PROGRAM INTEGRITY:**

Has any household member ever been terminated from a HUD-assisted housing program?  Yes     No  
If Yes: Who? \_\_\_\_\_ When? \_\_\_\_\_ Where? \_\_\_\_\_

Does any household member owe any money to any Public Housing Authority?  Yes     No

Has any household member been arrested for any reason in the past 12 months?  Yes     No

Is any household member subject to a lifetime state sex offender registry in any state?  Yes     No

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By signing below, I certify that all information I have provided is true and correct to the best of my knowledge. I understand that any misrepresentation of information or failure to disclose information requested on this pre-application may disqualify me from consideration for admission or participation, and may be grounds for eviction or termination of assistance. I understand that knowingly supplying false or inaccurate information is punishable under Federal and State criminal law. I also understand that it is my responsibility to notify the Bloomington Housing Authority in writing of any change in family composition, family income, or family contact information within ten (10) days of the date of change.

\_\_\_\_\_  
Signature Head of Household                      Date                      Signature of Other Adult                      Date

\_\_\_\_\_  
Signature Other Adult                      Date                      Signature of Other Adult                      Date