



HOUSING AUTHORITY OF THE CITY OF NEW BERN

ADMINISTRATIVE OFFICE: TRENT COURT

P O BOX 1486

NEW BERN, NORTH CAROLINA 28563

PRE-APPLICATION FOR ADMISSION

DATE/TIME: _____

1. Head of Household information

Last Name _____ First Name _____ M initial _____

Social Security Number _____ DOB _____

Mailing Address: _____

City/State/Zip: _____

Email: _____

Telephone number(s): _____

2. Spouse/Co-Head/Co-Tenant information

Last Name _____ First Name _____ M initial _____

Social Security Number _____ DOB _____

3. How many people will live in the unit (including yourself)? _____

Adults: Male _____ Female _____ Children: Male _____ Female _____

4. Do any persons who will live in the unit have a special need related to a disability?

Yes _____ No _____

5. Source of Family Income: (Identify amount in each category that applies)

Wages \$ _____ Self-employment \$ _____

SSI \$ _____ TANF/Work First \$ _____

Social Security \$ _____ Other Income \$ _____

6. I certify that the above information is accurate, complete, true and correct.

I understand that submission of false information or misrepresentation may result in loss of eligibility and is punishable under federal law. I further understand that it is my obligation to immediately inform the housing authority of any changes to the above information.

Date

Signature of Head of Household

Date

Signature of Spouse/Co-Head/Co-Tenant