



PRELIMINARY APPLICATION: EVA GARCIA-MENDOZA PLAZA

THE HOUSING AUTHORITY OF THE COUNTY OF CLARK, NEVADA

5390 E. Flamingo Rd, Las Vegas, NV 89122-5335 (Administration Building)

Phone: (702) 451-8041 TDD: (702) 433-1472 Visit our website at: www.haccnv.org

Office Use Only

Client Number: _____

Date Entered: _____ By: _____

DATE & TIME RECEIVED

This form **MUST BE COMPLETED IN INK.**

To properly assist you, we **MUST HAVE ACCURATE AND COMPLETE INFORMATION.**

ALL questions must be answered. If the question does not apply, write "N/A" or "NONE".

Failure to answer all questions may delay your interview and/or eligibility determination.



MAILING ADDRESS:								OPTIONAL INFORMATION					
Number	Street	Apt. #	City	State				Zip Code	RACE You may specify more than one race code per family member		Ethnicity CHECK ONLY ONE		
ABOUT YOUR FAMILY LIST EACH MEMBER INCLUDING YOURSELF THAT WILL BE LIVING IN YOUR HOUSEHOLD. PLEASE PRINT CLEARLY.								MARITAL STATUS		1 = White 2 = Black 3 = American Indian/ Alaskan Native 4 = Asian 5 = Native Hawaiian/ Pacific Islander		HISPANIC (1)	NON-HISPANIC (2)
	LAST NAME	FIRST NAME	M.I.	SEX M/F	SOCIAL SECURITY NUMBER	DATE OF BIRTH MO-DA-YYYY	Relationship to Head of Household	Primary (Write One Number)					
1	HEAD												
2	Co-Head												
3	Member												
4	Member												
5	Member												
6	Member												

PREFERENCE - VETERANS STATUS:

Yes No Are you a Veteran, spouse of a deceased Veteran and remain unmarried, or related to a deceased Veteran who was an immediate family member at the time of death (children, dependent, parent)?

Yes No Is the Veteran permanently absent from the household, but legally responsible for the support of one or more family members and the spouse is not remarried?

