



**PRELIMINARY APPLICATION: JANICE BROOKS BAY**

**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.



<u>MAILING ADDRESS:</u>					Home Phone Number: (____) _____ Ext. _____ Work Phone Number: (____) _____ Ext. _____			<b>OPTIONAL INFORMATION</b>			
Number	Street	Apt. #						<b>RACE</b> You may specify more than one race code per family member		<b>Ethnicity</b> CHECK ONLY ONE	
City		State	Zip Code					1 = White 2 = Black 3 = American Indian/ Alaskan Native 4 = Asian 5 = Native Hawaiian/ Pacific Islander		HISPANIC (1)	NON-HISPANIC (2)
<b>ABOUT YOUR FAMILY</b> LIST EACH MEMBER INCLUDING YOURSELF THAT WILL BE LIVING IN YOUR HOUSEHOLD. PLEASE PRINT CLEARLY.								<b>MARITAL STATUS</b> M = Married S = Single C = Separated D = Divorced W = Widowed U = Unknown L = Legal Separation			
	LAST NAME	FIRST NAME	M.I.	SEX M/F	SOCIAL SECURITY NUMBER	DATE OF BIRTH MO-DA-YYYY	Relationship to Head of Household				
1	<b>HEAD</b>										
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?

