

Hattiesburg Housing Authority
PRE-APPLICATION QUESTIONNAIRE
(Bring this questionnaire with you to your appointment/interview)

NAME: _____ DATE: _____
 ADDRESS: _____ SSN#: _____
 CITY-ST-ZP: _____
 PHONE: _____
 EMAIL: _____

Household Members

Name	Relation	DOB	Sex	Occupation
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

Household

Member No.

SOURCE, RATE AND TYPE OF INCOME

INCOME: TOTAL GROSS HOUSEHOLD INCOME: _____

Applicant Signature: _____

Housing Authority Representative: _____ Title: _____ Date: _____

*** (Office use only) ***

Bedroom Size: _____

On the basis of the determination set forth above, the tenant is found eligible: Yes ____ No ____

