

UNIT SIZE: 1bd\_\_ 2bd\_\_ 3bd\_\_ 4bd\_\_

**LOW INCOME HOUSING TAX CREDIT**

HEAD OF HOUSEHOLD: \_\_\_\_\_  
(First) (Middle) (Last)

ADDRESS: \_\_\_\_\_ APT: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

LENGTH OF TIME AT THIS ADDRESS: FROM \_\_\_\_\_ TO \_\_\_\_\_

LANDLORD NAME: \_\_\_\_\_ LANDLORD PHONE NUMBER: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ SSN: \_\_\_\_-\_\_\_\_-\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ SEX: M / F

HOME PHONE #:(\_\_\_\_)\_\_\_\_-\_\_\_\_ CELL PHONE #:(\_\_\_\_)\_\_\_\_-\_\_\_\_ MESSAGE #:(\_\_\_\_)\_\_\_\_-\_\_\_\_

**PREVIOUS ADDRESS: (If less than three years)**

ADDRESS: \_\_\_\_\_ APT: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

LENGTH OF TIME AT THIS ADDRESS: FROM \_\_\_\_\_ TO \_\_\_\_\_

LANDLORD NAME: \_\_\_\_\_ LANDLORD PHONE NUMBER: \_\_\_\_\_

**PREVIOUS ADDRESS: (If less than three years total)**

ADDRESS: \_\_\_\_\_ APT: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

LENGTH OF TIME AT THIS ADDRESS: FROM \_\_\_\_\_ TO \_\_\_\_\_

LANDLORD NAME: \_\_\_\_\_ LANDLORD PHONE NUMBER: \_\_\_\_\_

**INFORMATION:** List ALL persons who will be living in the household.

|   | First and Last Names | Relationship to you | Sex M/F | Date of Birth | Social Security # |  |  |
|---|----------------------|---------------------|---------|---------------|-------------------|--|--|
| 1 |                      | Head of Household   |         |               |                   |  |  |
| 2 |                      |                     |         |               |                   |  |  |
| 3 |                      |                     |         |               |                   |  |  |
| 4 |                      |                     |         |               |                   |  |  |
| 5 |                      |                     |         |               |                   |  |  |

NOTE: Subsidy standards for unit size apply.

**HOUSEHOLD INCOME:**

| Employer/Source | Address | Phone # | Monthly Income (\$) | How long |
|-----------------|---------|---------|---------------------|----------|
|                 |         |         |                     |          |
|                 |         |         |                     |          |
|                 |         |         |                     |          |

**Total Monthly Household Income: \$ \_\_\_\_\_**  
(If additional sources, list on separate piece of paper and attach)



**ASSETS:** List all Savings/Checking Accounts, real estate, stocks, bond, etc. or other assets you have. If none enter 'NONE.'

| Source | Address | Account # | How long |
|--------|---------|-----------|----------|
|        |         |           |          |
|        |         |           |          |
|        |         |           |          |

Has any family member(s) disposed of any assets for less than fair market value in the last 2 years?  
 Yes  No

**VOUCHER HOLDER:** Do you currently have a Section 8 Voucher?  Yes  No

**DISABILITY STATUS:** Are you or your co-head or spouse a person with a disability?  Yes  No

Are you or any member of your family a person with a mobility impairment that needs an accessible unit (wheelchair accessible)?  Yes  No

**AFFIRMATIVE ACTION INFORMATION:** Applicants are considered for housing without regard to race, color, sex, religion, creed, national or ethnic origin, age, family or marital status, handicap or disability, or sexual orientation. Federal and state governments require Blossom Trail Commons to collect certain demographic information. This information helps us to better serve those populations most in need of the Fresno Housing Authority's assistance. To help us with this goal, please complete the information regarding ethnicity and race below. The information you provide will only be used for the Authority's compliance with federal and state, record keeping and, reporting requirements. The information you provide has no bearing on the processing or approval of your application and will not be used for law enforcement purposes.

**ETHNICITY:** (Select Only One)  Hispanic or *Latino*  Not-Hispanic or *Latino*

**RACE:** (Select All that Apply)  American Indian or Alaska Native  Asian  
 Black or African American  Native Hawaiian or Other Pacific Islander  White  Other

**APPLICANT'S RESPONSIBILITY:** Applicants are required to inform Blossom Trail Commons, in writing, of changes in family composition, preferences, address, phone numbers, or any other information that may affect their application on the waiting list(s). **Please mail your application changes to the address provided below.**

**CERTIFICATION.** The information provided on this pre-application form is complete and true to the best of my knowledge. I understand that providing false information may lead to denial of this application, to eviction (if the falsehood is discovered after move-in), or to criminal prosecution. I understand that admission to this site is conditioned upon eligibility criteria set by federal law, rules set by this site's resident selection plan, and my payment of any applicable security deposit in advance of move-in.

\_\_\_\_\_  
 Print Name

\_\_\_\_\_  
 Social Security #

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

**Applications should be hand deliver to the following location:**  
 2415 5<sup>th</sup> St, Sanger CA 93657  
 (559) 441-2313 TTY: 800-735-2929

