



THE SOUTH GROVE

ALL SECTION 8 VOUCHER HOLDERS PLEASE SPEAK WITH PROPERTY MANAGER BEFORE COMPLETING THIS PRE-APPLICATION

PRE- APPLICATION

DATE RECEIVED: \_\_\_\_\_ TIME RECEIVED \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

SSN: \_\_\_\_\_ Annual Income: \_\_\_\_\_

Address: \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Desired bedroom size: \_\_\_\_\_

Family Information:

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you require a handicapped accessible unit?  Yes  No

Do you have any special requests?  Yes  No

\*we will try to accommodate requests as best as we can but it is first come first serve

How did you hear about us? \_\_\_\_\_

For Federally Subsidized Programs ONLY.

ETHNICITY

Hispanic or Latino

Non-Hispanic or Non-Latino

RACE:

Caucasian

African American

Asian

American Indian or Alaskan

Native

Native Hawaiian or Other

Pacific Islander

**PROOF OF ALL INCOME FOR THE HOUSEHOLD MUST BE TURNED IN  
WITH THIS PRE-APPLICATION.**

**INCOME INCLUDES BUT IS NOT LIMITED TO: WORKING WAGES FOR THE PAST THREE MONTHS, ENTIRE SOCIAL SECURITY AND/OR SSI BENEFIT LETTERS THAT ARE DATED WITHIN THE LAST 120 DAYS, PENSIONS, CHILD SUPPORT, MONETARY CONTRIBUTIONS FROM SOMEONE OUTSIDE THE HOUSEHOLD, AND ANY OTHER FORMS OF INCOME RECEIVED.**

**If any information changes after submitting this application, all changes must be made here at the office in person, if you have any questions please feel free to contact us at 501-268-8547.**