



CHIP

Community Interest Form

How did you hear about us? _____

FOR OFFICE USE ONLY:

Date/Time received: _____

APPLICATION # _____

HOUSEHOLD ID # _____

Community Name: _____ Total monthly Income (from all sources): \$ _____ X's 12 = \$ _____

Applicant Name: _____ D.O.B. _____ Social Security # _____

Adult Co-Applicant Name: _____ D.O.B. _____ Social Security # _____

Other member names: _____ DOB _____ SS# _____ / _____ DOB _____ SS# _____

Other member names: _____ DOB _____ SS# _____ / _____ DOB _____ SS# _____

Number of people in Household: _____ Unit size preferred: _____ Do you have Section 8: _____

Mailing Address: _____ City/State/Zip: _____

Phone: _____ Message Phone: _____ Email: _____

Are you requesting an accessible unit (check all that apply): Wheelchair Hearing/Vision Special Needs Other _____

Ethnicity (optional): 1 = Hispanic or Latino 2 = Not Hispanic or Latino

Race (optional) please circle one or more of the following;

1 = White 2 = African American 3 = American Indian/Alaskan Native 4 = Asian 5 = Native Hawaiian/Pacific Islander 6 = Other

If there is a change in your information it is your responsibility to update that with our office. If you do not update the contact information and we are unable to contact you at the time of unit availability, you will be removed from our interest list.

Applicant Signature _____ Date _____

OFFICE USE ONLY: COMMENTS:

