



Community Interest Form

FOR OFFICE USE ONLY:

Date/Time received: _____

APPLICATION # _____

HOUSEHOLD ID # _____

How did you hear about us? _____

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

Applicant Name: _____ DOB _____ Social Security # _____

Adult Co-Applicant Name: _____ DOB _____ 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 a Section 8 voucher: _____

Mailing Address: _____ City/State/Zip: _____

Phone: _____ Message Phone: _____ Email: _____

***Required**

*Are you requesting an accessible unit (check all that apply): No Wheelchair Hearing/Vision Other _____

*Have you ever lived at a CHIP Property? No Yes: Name of Property: _____ Reason for moving: _____

*Ethnicity: Hispanic or Latino Not Hispanic or Latino Decline to state

*Race: please check one or more of the following;

White African American American Indian/Alaskan Native Asian Native Hawaiian/Pacific Islander Decline to state 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:

