



Pre-Application for Housing

Please complete & return to:
Chrysalis Lutheran Homes
2807 W. Faidley Ave
Grand Island, Ne. 68803

CLH Office Use Only

Date Received: _____

Time Received: _____

Initials _____

1. Enter your Social Security Number: _____ Birth Date (mm/dd/yyyy): _____ Student? _____ Yes _____ No (____) _____ <small>AREA CODE TELEPHONE NUMBER</small>	2. Name and address of head of household _____ Last Name First Name Middle Initial _____ Mailing Address Apt # City State Zip _____ List all states you have lived in: _____ _____
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3. Sex (optional): <input type="checkbox"/> Male <input type="checkbox"/> Female	4. Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	5. Race: <input type="checkbox"/> Black <input type="checkbox"/> Native American <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other: _____	6a. What language do you speak at home? _____ 6b. Do you need an interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No
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7. Disability. If you are not requesting an accommodation due to a disability, you do not need to complete section 7-7d.

7a. Do you claim a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	7b. Do you need an accommodation to help you complete the application process? <input type="checkbox"/> Yes <input type="checkbox"/> No	7c. Do you need an accommodation in house features as a result of your disability? <input type="checkbox"/> Yes <input type="checkbox"/> No
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7d. If yes to 7b or 7c, what accommodation do you request?
(You may attach additional pages to explain)

8. Current living situation. Check all that apply. Involuntarily displaced by either government action or natural disaster or whose residence has been deemed uninhabitable by the Red Cross or other government agency.

Homeless Families where the head, spouse, or sole member is a person of age 62 or older, OR is a person with disabilities None of the above

9a. Value of family assets Assets include bank accounts, investments, and real estate. \$ _____	9b. Total monthly income Estimate income from ALL family members: \$ _____	9c. Income Source(s). Check all that apply. <input type="checkbox"/> Wages <input type="checkbox"/> Child Support <input type="checkbox"/> Social Security <input type="checkbox"/> Unemployment <input type="checkbox"/> SSI <input type="checkbox"/> Pension <input type="checkbox"/> Interest/Annuity Income <input type="checkbox"/> Other: _____
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10. List others who will live with you. Include unborn live-in aides. For ethnicity and race, use the categories in questions 4 and 5. (Sex optional)

Relation to applicant	Last Name, First Name, Middle Initial	List all states you have lived in	Ethnicity	Race	Sex M/F	Social Security Number	Birth Date (mm/dd/yyyy)	Disability (Y/N)	Student Y/N
1.									
2.									

11. Sex Offender Registry. Are you or is anyone in your household on the Sex Offender's LIFETIME Registry in any state? YES NO

12. Certification of applicant: I hereby certify that the information I have provided above is true and accurate. I understand that if I do not provide all of the information requested, my name may not be added to the waiting list. I also understand that if I have provided any false information my application may be denied, cancelled, or my housing assistance may be terminated. I understand that at the time I rise to the top of the waiting list, I will be required to verify the information that I have provided on this form. I understand that I will remain on the waiting list for at least 1 year as long as I provide Chrysalis Lutheran Homes with my current contact information. I may reject offers or remove myself from the waiting list at any time.

Signature of head of household Date

Signature of spouse or co-head of household Date