

**TRAVERSE CITY HOUSING COMMISSION  
RIVERVIEW TERRACE  
PRE-APPLICATION**

Riverview Terrace is a Smoke-Free Community

**Family Composition** (List all family members, including yourself, that will be living with you)

Last Name	First Name	Relationship to Head of Household	Date of Birth	Sex	Social Security # Or Alien Registration #

Are you or your spouse/co-head disabled or handicapped?                      YES      NO

Does anyone in your household require a barrier free/handicapped accessible unit?

YES                      NO

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

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell No.: \_\_\_\_\_

Work Telephone: \_\_\_\_\_

**Source of Income** (into the household, i.e. Employment, Social Security SSI, AFDC, etc.)

Family Member	Name of Employer/Source of Income	Gross Annual Amount

**ASSETS** - List all assets including checking, savings, stocks, bonds, investments, Life Insurance, etc

Asset Holders Name	Financial Institution Where Asset is Held	Approximate Value of Asset

Please complete back side of the application

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<b>Office Use Only:</b>		
Date Application Received:	Time:	Staff:

