

TRAVERSE CITY HOUSING COMMISSION

HOUSING CHOICE VOUCHER (HCV) SECTION 8

PRE-APPLICATION



PARTICIPANTS (List each person who will reside in your household while on this program):

LAST NAME	FIRST NAME	RELATIONSHIP	DATE OF BIRTH	SEX	SOCIAL SECURITY No.
1.		HEAD OF HOUSEHOLD			
2.					
3.					
4.					
5.					

Failure to provide requested information will result in an incomplete application which will be returned.

NAME: _____
Full Legal Name of Head of Household

ADDRESS: _____
Street City State/Zip County

PHONE: _____ **CELL PHONE:** _____

Is the Head of Household or Co-Head disabled/handicapped? YES NO

I am a single person age 62 or older: YES NO

I have children that live with me: YES NO

I live in or work or have been hired to work within the TCHC service area as defined below: YES NO

Our service area is comprised of a 50-mile radius of the TCHC Main Office and encompasses these counties:
 Antrim, Benzie, Grand Traverse, Kalkaska, Leelanau & Wexford

PREVIOUS PROGRAM PARTICIPATION:

Have you previously participated in either the Housing Choice Voucher Program or resided in Public Housing? YES NO

IF YES, WHERE DID YOU PARTICPATE IN THE PROGRAM: _____

TCHC Use ONLY	Date & Time Application Received:	Staff Initials:
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