WATERTOWN HOUSING AUTHORITY 142 MECHANIC STREET

Watertown, NY 13601 Telephone: (315) 782-1251

APPLICATION FOR PUBLIC HOUSING

	ATISTICAL PURPO ead of Household:		Y: American/Bla	ck			□ As	ian or	Pacifi	c Islan	der		
	American/Alas	askan Native											
Ethnicity	of Head of Household:	☐ Hispani	c/Latino		Non-H	spai	nic/Non-L	atino					
		Current I	Housing/Inf	orma	tion: (6	Con	nplete f	ull ac	ldres	s)			
Full Address:									Telephone No. ()				
City: State:				Zip Code:			Telephone No. ()						
			Current L	andlo	rd Info	rm	ation:						
Landlord Name:								Telephone No. ()					
Address:													
MAIDI	EN NAME OR A	LIAS											
FAMI	LY COMPOSIT	ION: (hea	id/co-head/sp	ouse/o	other ho	usel	nold men	nbers	18 ye	ars and	d older and	all children-lis	
	youngest) List all pers		ill be living i	in the l	nome. E	Begi	n with th	e hea	d of h	ouseho	old. No one	except those	
listed on this form may live in the unit. Name of Family Member					lation to Date of			Disabled		T	Social		
First Nam					mily ead	Date of Birth		(Circle)		Sex	Social Security No.		
1)	e Last Na	апис	IVI.		elf			Y	N			-	
2)									N7				
2)								Y	N				
3)								Y	N				
4)								Y	N				
4)								1	IN				
5)								Y	N				
6)								Y	N				
7)								Y	N				
INCOM	E: (Total Income, e.g	, Wages, S	ocial Securit				upport, 7	ANF	/Welf	fare, Fo			
	Income Source: Wages,				v often is e money						Past 12	d Income Next 12	
	Compensation,		Rate of pay		ceived?		Name of Employ				Mos.	Mos.	
Family Member	Disability, Social	# of		l v	Veekly,					er			
Member	Security, SSI,	hours			weekly,								
	Pension, Support,				lonthly,								
	Welfare		Semimonthly.										
						\dashv							
		-				-							
ASSETS	(List all Assets, e.g.,	Home, Sto	cks, Bonds,	Check	ing/Savi	ngs	Acct.)						
Family Member Source		Asset Type			Value/Balan			ce	e Interest Rate			Rate	
Member													