

**SECTION 8 Golden Glow SENIOR PROJECT BASED VOUCHER PRE-APPLICATION**

**SOUTHWESTERN IDAHO COOPERATIVE HOUSING AUTHORITY**  
**377 CORNELL STREET**  
**MIDDLETON, ID 83644**  
**PHONE (208) 585-9325**  
**FAX (208) 585-9326**

|                     |
|---------------------|
| For Office Use Only |
| Date: _____         |
| Time: _____         |

**1. HEAD OF HOUSEHOLD INFORMATION**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_  
 Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 \_\_\_\_\_ (City) (State) (Zip Code)  
 Telephone number \_\_\_\_\_ Alternate Telephone number \_\_\_\_\_

**2. List all members of your family that will be living with you and state their age and gender. Do not add Head of Household in this section. Note: If additional space is needed, please use the back of this form.**

| Name (First and Last) | Relationship (Spouse, Child, etc.) | Date of Birth | Age | Gender (M or F) |
|-----------------------|------------------------------------|---------------|-----|-----------------|
| 1.                    |                                    |               |     |                 |
| 2.                    |                                    |               |     |                 |
| 3.                    |                                    |               |     |                 |
| 4.                    |                                    |               |     |                 |
| 5.                    |                                    |               |     |                 |
| 6.                    |                                    |               |     |                 |
| 7.                    |                                    |               |     |                 |
| 8.                    |                                    |               |     |                 |
| 9.                    |                                    |               |     |                 |
| 10.                   |                                    |               |     |                 |

**3. DO ANY PERSONS WHO WILL LIVE IN THE UNIT HAVE A DISABILITY?**  Yes  No

**4. FOR HUD STATISTICAL PURPOSES ONLY**

Please identify your race and ethnicity by checking one box in each of the two categories below:

Check One:

- White  Asian  Black/African American
- American Indian/Alaska Native
- Native Hawaiian/Other Pacific Islander

Check One:

- Hispanic or Latino
- Not-Hispanic or Latino

**5. SOURCE(S) OF FAMILY INCOME; CHECK ALL THAT APPLY AND IDENTIFY MONTHLY AMOUNT:**

- Wages \_\_\_\_\_  Social Security \_\_\_\_\_  SSI \_\_\_\_\_  TANF/Welfare \_\_\_\_\_
- Self-Employment \_\_\_\_\_  Retirement Payments \_\_\_\_\_  Unemployment \_\_\_\_\_
- Child Support/Alimony \_\_\_\_\_  Disability Benefits \_\_\_\_\_  Military Pay \_\_\_\_\_

**6. I would like my name listed on the Section 8 Housing Choice Voucher waiting list (if it is not already):**  
 \_\_\_yes \_\_\_ no

**7. I certify that at least one family member is 62 years of age or older:** \_\_\_yes \_\_\_ no

**8. I CERTIFY THAT THE ABOVE INFORMATION IS ACCURATE AND COMPLETE.**

I understand that submission of false information or misrepresentation may result in loss of eligibility to participate in the housing choice voucher program.

Date \_\_\_\_\_ Signature of Head of Household \_\_\_\_\_

When this pre-application is received in our office, your name will be placed on the waiting list. Due to limited funding we are unable to tell you how long it may be until assistance can be provided. During this waiting period it is essential that you report changes of address, telephone number, family composition and income status to this office. Failure to report changes may significantly delay the issuance of your voucher. If mail addressed to you is returned by the post office as undeliverable, your name will be removed from the waiting list.