

## **Fisher I, III, IV & Senior Village** **WAITING LIST PRE-APPLICATION**

*Please read all of the information below before beginning this application.*

This apartment community provides affordable housing to eligible individuals and families. We do not discriminate against applicants on the basis of their race, religion, sex, color, national origin, age, disability or familial status.

### **Are You Eligible?**

To be eligible for admission, an applicant must meet all of the following requirements:

1. Applicant must meet the definition of a family as defined in the Admissions and Continued Occupancy Policy.
2. Applicant is an eligible low-income family based on total annual household income limits established by the U. S. Department of Housing and Urban Development (HUD) and specifically for PHA/LIHTC units, Section 42 of the U.S. Government Tax Code, the Extended Use Agreement which is maintained separately in the Company offices.
3. All members of Applicant's household must satisfy HUD's statutory and regulatory requirements for citizenship/eligible immigrant status;
4. Provides a Social Security number for all family members
5. Fischer Management is not responsible for lost, misdirected or undelivered mail.

The Pre-application waiting list period is **Monday, August 2<sup>nd</sup>** thru **Saturday, September 11<sup>th</sup>**. Please mail your-application form to Fischer Leasing Office at the address on the form. Mailed forms must be postmarked on or before midnight **Saturday, September 11<sup>th</sup>**.

### **Local Preference Descriptions:**

Local Preferences are used to select applicants from the waiting list. Applicants with a verified Local Preference are assisted before other applicants.

### **(Listed in order of preference):**

□ **Working Preference** - Full-time working families (defined as families where the head, spouse or sole member is legally employed working and has been employed for at least 6 months or disabled families (defined as households where the head and spouse [if any] or sole member is a person with disabilities) or elderly families (defined as households where the head and spouse [if any] or sole member is age 62 or older).

### **Waiting List Selection Preference**

<b>Preference</b>	<b>Hours</b>
Working	30 +
Elderly/Disable	Exempted
Working	29 to 25
Working	24 to 20
Fulltime student	12+ credit hours
Working/Job training	20 < and in job training
Working	19 or less
Working	0

### **Order of Selection for Applicant**

The order of selection of eligible Applicants from a site-based waiting list will be according to the Applicant's application date and time stamped. The waiting list will then be processed in order according to preference, unit type and size.

**DELIVERY INFORMATION-** Completed applications will ONLY be accepted by mail at the address below.

**Fischer Leasing Office**  
**2112 Belle Chase Hwy., Ste. 11-284**  
**Gretna, LA 70056-7138**

Preference Code:		Eligible: (Y/N)	
Bedroom size:		Date and time of receipt of the application:	

**THIS SECTION FOR MANAGEMENT/LEASING OFFICE USE ONLY**  
**Fisher I, III IV & Senior Village**  
**PRE-APPLICATION FOR HOUSING**

Applicant's Name (Head of Household): \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Previous Mailing Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone Number: ( ) \_\_\_\_\_ Work Phone Number: ( ) \_\_\_\_\_  
Cell/Pager Number: ( ) \_\_\_\_\_ Other Contact Number: ( ) \_\_\_\_\_

List other household members who will be living in the apartment. Give the relationship of each family member to the Applicant along with his or her date(s) of birth, age, sex, and social security number, including any live-in aide required for the care of an elderly or a disabled person. If additional space is needed, please write on the back of this page or attach additional sheets.

Family Member's Name	Relationship to Applicant	Birth Date	Student Status (Full Time) (Part Time)	Age	Sex	Social Security Number

Minority code:  Black  White  American Indian  Asian  Eskimo  Pacific Islander  Other  
Ethnicity code:  Hispanic  Non Hispanic

What unit size do you require? Please check one of the following unit sizes that are available at this property:

Bedroom units Available:  One  Two  Three  Four

Does any household member have a disability?  Yes  No

If yes, please describe the special features needed to accommodate the household member's disability or handicap:

Have you ever lived in public housing before?  Yes  No If yes, where? \_\_\_\_\_

Dates: From: \_\_\_\_\_ to \_\_\_\_\_ Name of Lessee: \_\_\_\_\_

Have you ever been evicted?  Yes  No If yes, please provide the reason for the eviction below.

**SOURCE OF INCOME**

For each type of income that any household member receives, give the source of the income and the amount of income expected from the source during the next twelve (12) months. (Examples: Employment, TANF, Social Security, SSI, Pensions, Disability Compensation, Unemployment Compensation, Family Contributions, Interest, Baby Sitting, Care-taking, Alimony, Child Support, Annuities, Dividends, Income from Rental Property, Armed Forces Reserves, Scholarship, and/or Grants, etc).

Household Member	Source of Income	Frequency hrs worked		Amount	Frequency - Per		
		#	Hrs/per wk		<input type="checkbox"/> Hour	<input type="checkbox"/> Week	<input type="checkbox"/> Month
		#	Hrs/per wk		<input type="checkbox"/> Hour	<input type="checkbox"/> Week	<input type="checkbox"/> Month
		#	Hrs/per wk		<input type="checkbox"/> Hour	<input type="checkbox"/> Week	<input type="checkbox"/> Month
		#	Hrs/per wk		<input type="checkbox"/> Hour	<input type="checkbox"/> Week	<input type="checkbox"/> Month
		#	Hrs/per wk		<input type="checkbox"/> Hour	<input type="checkbox"/> Week	<input type="checkbox"/> Month

**CRIMINAL ACTIVITY:**

A. Have you or any members of your household been involved in, arrested for, charged with, or convicted of any criminal activity?  
 Yes  No

B. Are you required to register with a sex offender registry?  Yes  No

**(THE PRE-APPLICATION IS INVALID WITHOUT SIGNATURE AND SOCIAL SECURITY NUMBER)**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Other Adult Household Members (if applicable):**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

