

List all minors who will be living in your home (must show proof of legal guardianship or custody of minors that are not biological children).

Minors (Last/First/Middle)	Sex	Relationship to Head	Social Security#	Date of Birth	Total Monthly Income	Source(s) of Income

Current Rent: \$ _____ Water: \$ _____ Electric: \$ _____ Telephone: \$ _____

Notice: All Information on this form will be verified by the Charleston County Housing and Redevelopment Authority. It is your responsibility to keep us informed of any change of address. Notification of address change must be in writing.

I do hereby certify that all information I have provided is complete and accurate, and I understand that all notifications are through mail. If I do not respond or the mail cannot be delivered to the address given, my application will be removed from the waiting list, and I will be required to re-apply.

Applicant Signature: _____ Date: _____ Time: _____



Reasonable Accommodations Available Upon Request (843) 722-1942

CCHRA OFFICIAL USE ONLY:

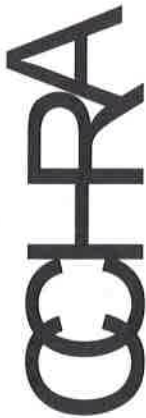
Based on the information provided, after careful review of the application and income limits, the above family appears to be:
 Eligible Ineligible

Staff Signature: _____ Date: _____

PUBLIC HOUSING STAFF USE ONLY:

Unit Size: ___ 0-1 Bedroom (BP & JFM) ___ 2 Bedrooms (BP & JFM) ___ 3 Bedrooms (Single-family House) ___ 4 Bedrooms (Single-family House)

Local Preference: ___ Elderly (BP & JFM only) ___ Working Family ___ Educational, Job Training or Upward Mobility Program ___ None



Charleston County Housing and Redevelopment Authority
 2106 Mt. Pleasant Street, Charleston, SC 29403
 (843) 722-1942



PRELIMINARY APPLICATION

TYPE OF HOUSING ASSISTANCE REQUESTED: Check All Applicable Programs

- Housing Choice Voucher (Section 8)
- Low Rent Public Housing Program (*Only household size of 3 or more are eligible for a single-family house*)

PLEASE PRINT. Use legal names only when completing this application. Both sides must be filled out completely in order to be accepted.

Head of Household (Last/First/Middle)	Sex	Social Security #	Date of Birth	Total Monthly Income	Source(s) of Income

Race: White ___ Black ___ American Indian or Alaskan Native ___ Asian or Pacific Islander ___ Other ___ Ethnicity: Hispanic ___ Non-Hispanic ___

Disabled? ___ Yes ___ No Handicapped? ___ Yes ___ No Disabled Spouse? ___ Yes ___ No Handicapped Spouse? ___ Yes ___ No

Are you engaged in an educational, job training or upward mobility program? ___ Yes ___ No

Is your spouse engaged in an educational, job training or upward mobility program? ___ Yes ___ No

Address: _____ (Street) _____ (City) _____ (State/zip) _____ (State/zip) _____ (State/zip)
 How long? _____ Day Phone: _____ Eve Phone: _____

Mailing Address (if different than above): _____ (Street) _____ (City) _____ (State/zip) _____ (State/zip) _____ (State/zip)
 How long? _____ Day Phone: _____ Eve Phone: _____

List all adult members who will be living in your home.

Other Adults (Last/First/Middle)	Sex	Relationship to Head	Social Security#	Date of Birth	Total Monthly Income	Source(s) of Income