

MAR Use Only:
Date of Application:

Lottery Number:
Time of Application:

Pre-application for MAR Down Payment Assistance

1. Name of head of household: _____
2. Name of adult co-head of household: _____
3. Current address, Street, Apt. # _____
Current City, State and Zip _____
Current Area Code and Phone # _____

Family Information

	First Name & Last Name if different from Head's	Date of Birth	Sex	Social Security Number	Relation to Head	Disabled Person?	Birthplace: Country	Full-time Student ?
H					Head			
2								
3								
4								
5								
6								
7								
8								

4. **Family Income Information:** Please list the source and amount of all current income received by all family members, including yourself. Include all earnings and benefits received from AFDC/TANF, VA, Social Security, SSI, SSID, Unemployment, Worker's Compensation, Child Support, etc.

Family Member Name	Income Source	Amount \$	Frequency – Per
			Week Month Year
			Week Month Year
			Week Month Year
			Week Month Year

I/we certify that the statements on this application are true to the best of my/our knowledge and belief and understand that they will be verified. I/we authorize the release of information to the Housing Authority by my/our employer(s), the Department of Public assistance, the Social Security Administration, and/or other business or government agencies. I/we understand that any false statement made on this application will cause me/us to be disqualified for admission.

Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____

Warning: 18 U.S.C. 1001 provides, among other things that whoever knowingly and willfully makes or uses a document or writing containing false, fictitious or fraudulent statement or entry in any matter within the jurisdiction of an department or agency of the United States shall be fined not more than \$10,000 or imprisoned for not more than five years or both.