

SECTION 3 APPLICATION

APPLICANT INFORMATION

Name:

Date of birth:

SSN:

Phone:

Current street address:

City:

State:

ZIP Code:

Are you authorized to work in the U.S.:

Yes

No

Are you over the age of 18:

EMPLOYMENT/SKILL INFORMATION

Position(s) Applied for:

Current or Previous Employment:

Special Skills:

Licenses:

EMERGENCY CONTACT

Name of a relative not residing with you:

Address:

Phone:

City:

State:

ZIP Code:

Relationship:

REFERENCES

Name

Address

Phone

APPLICANT SIGNATURE

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I have received a copy of this application.

Signature of applicant:

Date:

FCHA Staff Use only:

Is this resident the head of household?

Yes

No

If no, name of head of household:

Is this resident in good standing with the FCHA?

Checklist of Attachments:

Eligibility for Preference Attached

Copy of Photo Identification Attached

Copy of Residential Lease Attached

Comments/Status:

FCHA Housing Representative Signature

Date