

Total Monthly Household Income: \$ _____ Current Monthly Rent: \$ _____

The following information is critical and will determine your position on the waitlist. Please circle your answer for each of the following questions.

1. Yes No Are you currently homeless? If yes, where or with whom are you living? _____
2. Yes No Are you displaced by a local, state, or federal disaster or because a government agency is forcing you to move?
3. Yes No Do you or anyone in your household currently owe money to a Housing Authority?
4. Yes No Have you or any member of your household been evicted from any Housing Authority?
5. Yes No Are you a victim of domestic violence (within the past year)?
6. Yes No Do you live or work in the County of Marin?
7. Yes No Is the head of household or spouse currently working at least 32 hours per week?
8. Yes No Is the head of household or spouse currently attending school or other training program full-time?
9. Yes No Is the head of household or spouse a Veteran or the surviving spouse of a Veteran?
10. Yes No Are you or your spouse an active member of the armed services?
11. Yes No Is the head of household or spouse disabled?

Do you or any member of your household require: a wheelchair (), a 24-hour live-in attendant (), oxygen tank () or other medical equipment () _____

What is the primary language spoken in the household? _____

With which racial group does the head of household identify (please circle only **one**)?

- White (1) African-American (2) American Indian (3) Asian (4) Pacific Islander (5)

With which ethnicity group does the household identify (please circle **one**)?

- Hispanic Non-Hispanic

If you or any member of your household requires a reasonable accommodation in order to fully participate in the Public Housing Program, please indicate: _____

Applicant's Signature: _____ Date: _____



Mail or Deliver Form to: MARIN HOUSING AUTHORITY
Attn: PUBLIC HOUSING WAITING LIST
4020 Civic Center Drive, San Rafael CA 94903

MHA USE ONLY

Client #: _____ **Date Eligibility Letter Sent:** _____

MARIN HOUSING AUTHORITY REGISTRATION RECEIPT

If you drop off the Pre-Application at the Housing Authority Office, please have the receptionist to time and date stamp this receipt as proof of delivery.

If you mail the Pre-Application, the Housing Authority will return through the mail as proof of receipt. (Please print name and address below):

MHA Date Stamp ONLY