

**PRE-APPLICATION FOR ASSISTED HOUSING COMPLEXES  
MANAGED BY HUMAN RESOURCE DEVELOPMENT AND EMPLOYMENT, INC.**

**1644 Mileground  
Morgantown, WV 26505**

**(304) 296-8223 ext. 17**

**TTY/TDD: 1-800-982-8771**

This Pre-Application for housing will be used to determine eligibility. HRDE, Inc. does not discriminate against any person because of Race, Color, Religion, Sex, Disability, Familial Status, or National Origin.

PERSON'S FULL NAME FIRST MIDDLE LAST	RELATIONSHIP	BIRTH DATE	AGE	SEX	SSN	RACE	ETHNICITY	STUDENT YES/NO
	HoH							

Current Address: Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number(s) Where You Can Be Reached: 1) \_\_\_\_\_  
2) \_\_\_\_\_

Do You:     Rent     Own Your Own Home     Live With a Friend or Relative

Total Monthly Household Income: \$ \_\_\_\_\_  
 Employment     Social Security/Pension/SSI     Public Assistance     Other

Date Apartment Desired: \_\_\_\_\_  
Apartment Size Requested:     Studio     1 Bedroom     2 Bedroom

Will You Require Housing Arrangements for the Disabled (example, Wheelchair-Accessible Bath and Kitchen)?     Yes     No    If yes, please clarify: \_\_\_\_\_

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT. I UNDERSTAND THAT THIS IS NOT A CONTRACT AND DOES NOT BIND EITHER PARTY. I ALSO UNDERSTAND THAT THIS PRE-APPLICATION AND ITS CONTENTS WILL REMAIN STRICTLY CONFIDENTIAL.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Manager Signature

\_\_\_\_\_  
Date and Time

Note: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

Please submit to: [smichels@hrdewv.org](mailto:smichels@hrdewv.org) or  
Mail to: HRDE, Inc.  
1644 Mileground,  
Morgantown, WV 26505



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