



Housing Authority of the County of San Joaquin
 PO Box 447
 Stockton, CA 95201



Housing Authority Affordable Housing Assistance Programs Waiting List Pre-Application

Head Name: _____ **SSN:** _____ **Date of Birth:** _____

Spouse/Co-head: _____ **SSN:** _____ **Date of Birth:** _____

Home Address: _____

City: _____ **State:** _____ **ZIP:** _____

Home Phone #: _____ Work Phone #: _____ Message Phone #: _____

Mailing Address (if different from Home address)

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

List all household members (if not enough space use a separate piece of paper that includes the information below)

<u>Name</u>	<u>Age</u>	<u>Sex</u>	<u>Relationship to Head</u>
		M/F	
		M/F	
		M/F	
		M/F	
		M/F	
		M/F	
		M/F	

What is your households total monthly income ? \$ _____
 (Such as Wages, SSI/SSA, TANF, VA, Unemployment benefits or any other benefits and/or Cash contributions)

Ethnicity

Check One

- Hispanic or Latino
- Not Hispanic or Latino

Race

Check all that apply

- American Indian/Alaska Native
- Asian
- Black/African American
- Native Hawaiian/Other Pacific Islander
- White
- Other _____

