PRELIMINARY APPLICATION

PLEASE COMPLETE THIS FORM AND RETURN TO:

Waiting List
OHFA
PO Box 26720
Oklahoma City OK 73126-0720

Office Use Only		
Received/ Revised	Unit Size	Preference
____	____	T P1 P2 P3 P4 P5 P6 P7
____	____	T P1 P2 P3 P4 P5 P6 P7
____	____	T P1 P2 P3 P4 P5 P6 P7

Applicant's Mailing Address

____

____

____

Legal address if different from mailing address

____

____

Note: If your legal or mailing address changes, you must notify this office to maintain your waiting list status.

Evidence of legal address claimed at time of application must accompany this form when returned. Acceptable evidence includes copy of driver's license or other official document listing head of household, spouse or co-head at claimed legal address. Preliminary Applications returned without evidence of legal address cannot be accepted.

Part 1: Head of Household

Please complete this part for the Head of Household.

Social Security Number ___ ___ ____

Date of Birth ___ ___ ____

Sex ☐ Female ☐ Male

Are you willing to move when offered assistance ☐ Yes ☐ No

Are you Disabled ☐ Yes ☐ No

Home Telephone ___ ___ ____

Other Telephone ___ ___ ____

Other Telephone Type ☐ Work ☐ Other Specify: ____________

Race (Check All That Apply) ☐ White ☐ Black ☐ Asian/Pacific Islander ☐ American Indian/ Alaska Native

Ethnicity (Check One Box) ☐ Hispanic ☐ Not Hispanic

Racial and ethnic data for statistical purposes only.

Part 2: Household Information

List information for adults first, then children under age 18. Use "F" or "M" to indicate sex. If a household member is disabled check the "Y" check box, if not disabled, check "N." List relationship of each person to the Head of Household. Attach additional sheet if family has more than ten members.

Last Name	First Name	Social Security #	Date of Birth	Sex	Disabled	Relationship
					☐Y ☐N	
					☐Y ☐N	
					☐Y ☐N	
					☐Y ☐N	
					☐Y ☐N	
					☐Y ☐N	
					☐Y ☐N	
					☐Y ☐N	
					☐Y ☐N	
					☐Y ☐N	

Please Continue to Part 3

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