

Preapplication Form

_____ Date Received _____ Time Received _____

Name (Head of Household) : _____

Address: _____

City: _____ County: _____ Zip Code: _____

Phone: (Home) _____ (Work) _____

Annual Household Income: \$ _____

Family Size: _____

_____ does not discriminate against any applicant on the basis of race, color, creed, religion, sex, national origin, age, familial status, ancestry, unfavorable military discharge, marital status, receipt of governmental assistance or handicap.

In addition, _____ does not discriminate on the basis of handicapped status in the admission or access to, or treatment or employment in its federally assisted programs and activities.