



SACRED HEART VILLAGE II

625 E. 10th Street
Wilmington, DE 19801

PRE-APPLICATION FOR HOUSING

RETURN COMPLETED FORM TO
MINISTRY OF CARING
115 EAST 14TH STREET, WILMINGTON, DE 19801
mail@ministryofcaring.org
Phone: 302-300-3771 TDD: 302-428-0801
Fax: 302-652-1919

1. Head of Household

<hr/>		
Last name	First	Middle
<hr/>		
Number and Street	Development or Housing Complex	
<hr/>		
City	State	Zip Code
<hr/>		
Day Phone: _____	Evening Phone: _____	Email: _____
<hr/>		
Date of Birth: _____	Gender: _____	Social Security Number: _____-_____-_____

2. Co-Applicant

<hr/>		
Last name	First	Middle
<hr/>		
Relationship to you: _____		
<hr/>		
Day Phone: _____	Evening Phone: _____	Email: _____
<hr/>		
Age: _____	Gender: _____	Social Security Number: _____-_____-_____

3. Does anyone live with you now who is not listed above? Yes No
Only two people may occupy a unit at Sacred Heart Village II.

4. Do you expect any change in your household composition? Yes No

If you answered "yes" to question 3 or 4, please explain: _____



(Please complete other side)

form updated 10/2016





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5. Are you now living in a subsidized unit? Yes No

6. Do you or your co-applicant have any special housing needs? Yes No

If yes, please explain: _____

7. Are you and your co-applicant able to demonstrate the ability to comply with the terms of the lease, either independently or with assistance? Yes No

If no, please explain: _____

8. Are you applying for a handicapped accessible unit? Yes No

If yes, please explain your specific need for a handicapped accessible unit: _____

Applicant Certification:

I certify that the statements made on this pre-application form are true and complete to the best of my knowledge and belief. I understand that providing false statements or incomplete information may result in punishment under federal law.

Signature of Head of Household

Signature of Adult Co-Applicant

Date

Date

THIS SECTION FOR ADMINISTRATIVE USE ONLY

Received by: _____
Signature Date Time