

PORTLAND HOUSING AUTHORITY

409 E. First Street

Muncie, IN 47302

Phone: (765) 288-9242 Ext. 221

Fax: (765) 741-7308

APPLICATION MUST BE FILLED OUT COMPLETELY

Applicants Full Name

First	MI	Last	Social Security #	Date of Birth	Sex	Race
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Spouse/Other Adult

First	MI	Last	Social Security #	Date of Birth	Sex	Race
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Address:

Street Address	City	State	Zip Code
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Email Address	Home Phone/Cell Phone
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Household Member Information: Please list all family members (exclude names above). If more space is needed please attach additional page.

First	MI	Last	Social Security #	Date of Birth	Sex	Race
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First	MI	Last	Social Security #	Date of Birth	Sex	Race
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INCOME INFORMATION: List all sources of income received by each household member. The following items are examples that are considered income: salary, wages, income from self-employment, tips, unemployment, social security, supplemental security income (SSI), pension or annuity, child support, TANF, interest dividends, income from rental property, etc. Please note, this list is not exclusive.

_____ Name of member receiving income	_____ Source of income	\$ _____ Annual Gross
_____ Name of member receiving income	_____ Source of income	\$ _____ Annual Gross
_____ Name of member receiving income	_____ Source of income	\$ _____ Annual Gross
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When requested, the PHA will provide reasonable accommodations so that all persons with disabilities may fully access and utilize the housing programs.

I give PHA authority to post my name on PHA's website to verify lottery results.

_____ Applicant Signature	_____ Date
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Applicant hereby certifies that they have rendered the application information is **TRUE**, accurate and complete.

_____ Applicant Signature	_____ Date
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_____ Spouse/Co-Head Signature	_____ Date
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The PHA will not discriminate against an applicant because of race, color, religion, sex, sexual orientation, gender identity, national origin, familial status, age, disability, or veteran status.

If you need assistance filling out this application, please contact us directly.

