



Preliminary Application Form

Thank you for your interest in living at City West. After filling out this form, your name will be placed on our waiting list. Complete preliminary applications will be entered on the waiting list in the order received. The waiting list will then be processed in order according to unit type and size and admission preferences and criteria.

Please answer all questions. Preliminary Applications with missing information will not be accepted.

	Last Name	First Name	Relation to Head	Sex M/F	Ethnicity*/ Race** Circle one each	Student PT/FT	Birth Date	Age	SSN	Handi-capped or Disabled
H			HOH		1 2 1 2 3 4 5 6					H D
2					1 2 1 2 3 4 5 6					
3					1 2 1 2 3 4 5 6					
4					1 2 1 2 3 4 5 6					
5					1 2 1 2 3 4 5 6					
6					1 2 1 2 3 4 5 6					
7					1 2 1 2 3 4 5 6					

* Ethnicity: (1) Hispanic or Latino (2) Not Hispanic or Latino

** Race: (1) White (2) American Indian (3) Asian (4) Black/African American (5) Other (6) Native Hawaiian/Pacific Islander
This information is required for statistical purposes for the Department of Housing and Urban Development. There is no penalty for persons that do not complete the Ethnicity or Race section in this Pre-Application.

Please indicate the size of unit for which you wish to be considered. Check all that apply. Please note that certain types of units are only available in certain parts of the development

- One Bedroom
 Two Bedroom
 Three Bedroom
 Four Bedroom

Your Current Address (include City/State/Zip): 	Phone Numbers: Home: Work: Other:
Do you expect any changes in your family composition within the next year? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain: _____ _____ If change is due to pregnancy, what is expected due date? _____	Is an accessible unit needed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify <input type="checkbox"/> Hearing <input type="checkbox"/> Mobility <input type="checkbox"/> Vision <input type="checkbox"/> Other If hearing, do you require an interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No
What is your primary language? <input type="checkbox"/> English <input type="checkbox"/> Spanish Other: _____ Do you need an interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No	If English is not your primary language, can you speak or read English fluently? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, check one or both: <input type="checkbox"/> Speak <input type="checkbox"/> Read

Income/Assets	
Do you have any of the following sources of income? <input type="checkbox"/> Wages <input type="checkbox"/> TANF <input type="checkbox"/> SS <input type="checkbox"/> SSI <input type="checkbox"/> Pension/Retirement <input type="checkbox"/> Income from Assets <input type="checkbox"/> Other: _____ If wages, how many hours do you work per week? _____	Total Annual Income from all sources for Household: \$ _____
Have you or any member of your household been convicted or manufacturing or producing methamphetamine? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please name: _____	
Are you or is any member of your household required to register under any state's sex offender registration program? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, is this a lifetime registration requirement? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Applicant Certification

1. I/We certify that the information given to City West Management on this preliminary application is correct and complete to the best of my/our knowledge and belief. I/We understand that such information will be verified and any false statements made on this application will cause me/us to be disqualified for admission. I/we also understand that false statements or information are punishable under Federal law.
2. I understand that if this application is not filled out completely, it will not be accepted.
3. I understand that this is a preliminary application and the information provided does not guarantee housing. I also understand that additional information and verifications will be necessary to complete the application process.

Sign below (all members of the household 18 years or older must sign this application form):

_____	_____
Name	Date
_____	_____
Name	Date
_____	_____
Name	Date

Reasonable Accommodation

If you or anyone in your family is a person with disabilities and you require a specific accommodation in order to fully utilize City West programs and services, please contact City West Management to obtain a Reasonable Accommodation Request form at 513-412-6004.



EQUAL HOUSING
OPPORTUNITY



City West Apartments
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 Cincinnati, OH 45204
 PH: 513-412-6004
 Fax: 513-412-0110
<http://www.citywestohio.com>