Main South CDC Intake Form

Contact Information

First Name ___________________ Last Name ___________________ Suffix: Mr. Mrs. Ms.

Date Of Birth: __/__/____ Cell: ( )-____-_______ Home: ( )-____-_______

Current Address: ____________________________________________________________

City: __________________________ State: __________ Zip Code: ________________

How did you hear about Main South CDC? Walk-in Newspaper Referral Other: ______________

Please Circle the unit size you are applying for: Studio 1 Bedroom 2 Bedroom 3 Bedroom 4 Bedroom

Household size: (How many adults and children) #Adults________ #Children________

Is a handicap accessible unit needed? YES NO

Do you have a Section 8 voucher or any other form of rental subsidy assistance? YES NO

(If yes, please circle or write the type of rental assistance/ Section 8 voucher below)

WHA RCAP Other: ____________________________

Total Household Income (Include all sources of income from all household members over the age of 18)

Do you receive any benefits such as, SSI, Social Security, Disability, Child support, Pension, or TAFDC? YES NO

If yes, please list type of benefit and amount received monthly: __________________$/S __________________

Head of Household: ___________________________ Annual Income: $____________________

Source of income(s) (i.e. Employment, alimony, etc...): __________________________________________

Spouse: ___________________________ Annual Income: $____________________

Source of Income(s): _________________________________________________________________

Other: ___________________________ Annual Income: $____________________

Source of income(s): _________________________________________________________________

Total Household Annual Income: $____________________

WARNING: This form is for informational use only, and is not considered an application.
Your information will serve to contact you once MSCDC's waiting list opens.