

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: _____/\$ _____

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.

