

# Main South CDC Intake Form

**Date:** \_\_\_\_\_

## 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.

