

**Home Is The Foundation**  
 Serving the Housing Needs of Preble County  
**Short Form Application**

Office Use Only: Application Date _____
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Applicant Name	Mailing Address	City and Zip
Phone Number	Alternate Phone	# of Bedrooms

**Members of the Household:** (additional members may be listed on attached separate paper)

Name	Relationship	Date Of Birth	Gender
1.	self		
2.			
3.			
4.			
5.			

**All Household Income:**

Income Type	Estimated <i>Monthly</i> Amount
Employment Wages	
SSI/SSDI	
OWF	
Pension/Social Security	
Unemployment/Worker's Comp	
Child Support/Alimony	

**Emergency Contact Information:**

Name	Relationship	Phone Number

By signing this application, I certify that all the information provided in this application is true and correct. I understand that false material and misrepresentations on this application are cause to deny this application for services, and may result in prosecution. Furthermore I have received, read, and understand my rights and responsibilities as a HIT Foundation applicant.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date