



**PROJECT-BASED VOUCHER PROGRAM  
PRE-APPLICATION - ELDERLY  
OWNER/AGENT REFERRAL**

**THIS IS NOT A PRE-APPLICATION FOR THE TENANT-BASED VOUCHER PROGRAM WAITING LIST**

This pre-application is for the following Project-Based Voucher (PBV) properties for 0 bedroom/efficiency, 1 bedroom and 2 bedroom apartments:

- 1501 Canal Senior Apartments
- Holy Angels
- River Gardens Elderly
- 3501 St. Claude Apartments
- King-Rampart
- St. Ann Square
- Columbia Parc Elderly
- Lafitte Elderly
- Tudor Square
- Flint Goodridge
- Redemptorist
- Wisdom Manor

If you need assistance completing this pre-application or have questions about the application process, please contact HANO at (504) 670-3429.

Applicants are responsible for notifying HANO, in writing, if any information changes related to household composition, contact information, and/or income.

*Please complete all information and print neatly in ink.*

<b>1. HEAD OF HOUSEHOLD INFORMATION</b>			Social Security Number [ ] [ ] [ ] - [ ] [ ] [ ] - [ ] [ ] [ ] [ ] [ ]
Name and Address of Head of Household			<input type="checkbox"/> Check this box if you do not have a social security number.
Last Name	First Name	Middle Initial	Date of Birth (mm/dd/yyyy) [ ] [ ] / [ ] [ ] / [ ] [ ] [ ] [ ] [ ]
Mailing Address		Apt. #	Telephone Number (Incl. area code) [ ] [ ] [ ] [ ] - [ ] [ ] [ ] [ ] - [ ] [ ] [ ] [ ] [ ]
City	State	Zip Code	Alternate Telephone Number [ ] [ ] [ ] [ ] - [ ] [ ] [ ] [ ] - [ ] [ ] [ ] [ ] [ ]
Email Address			Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Other			

<b>2. HOUSEHOLD INFORMATION</b>						
List all persons who will live with you in the assisted unit, including yourself, below.						
	Legal Name	Relationship to Head	Social Security Number	Date of Birth (mm/dd/yyyy)	Gender	Disabled?
1		<b>HEAD</b>	- -	/ /	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Y <input type="checkbox"/> N
2			- -	/ /	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Y <input type="checkbox"/> N
3			- -	/ /	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Y <input type="checkbox"/> N
4			- -	/ /	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Y <input type="checkbox"/> N

<b>3. INCOME AND ASSET INFORMATION</b>		
Total value of household assets. This includes amounts in bank accounts, investments, and real estate. \$ _____	Total monthly income from all family members: \$ _____	Household Income Source(s). (Check <b>all</b> that apply) <input type="checkbox"/> Wages <input type="checkbox"/> TANF <input type="checkbox"/> Social Security <input type="checkbox"/> Unemployment <input type="checkbox"/> SSI <input type="checkbox"/> Contribution <input type="checkbox"/> Pension <input type="checkbox"/> Worker's Compensation <input type="checkbox"/> Child Support <input type="checkbox"/> Alimony <input type="checkbox"/> Other



#### 4. LOCATION OF PROJECT-BASED APARTMENTS

- From the list below, check the box next to the communities where you would like to live. You may select as many as you wish; however, please do not choose a community unless you think you would live there.
- You should **NOT** select a property that does not have the number of bedrooms required for your household.
- An asterisk (\*) after the property name indicates there are accessible units at this property.
- Please visit [www.hano.org/housing.aspx](http://www.hano.org/housing.aspx) for a description of the PBV properties.

Property Name	Location	Bedroom Sizes
<input type="checkbox"/> 1501 Canal Senior Apartments*	1501 Canal St. (70112)	0 (efficiency),1
<input type="checkbox"/> Tudor Square Apartments*	3011 Milan St. (70125)	0 (efficiency),1
<input type="checkbox"/> Flint Goodridge*	2425 Louisiana Ave. (70115)	0 (efficiency), 1,2
<input type="checkbox"/> St. Ann Square Apartments	2123 Ursulines Ave. (70116)	0 (efficiency),1, 2
<input type="checkbox"/> Holy Angels Apartments	3500 Saint Claude Ave. (70117)	0 (efficiency), 1,2
<input type="checkbox"/> Columbia Parc Elderly*	1400 Milton St (70122)	1,2
<input type="checkbox"/> Redemptorist Apartments	2050 Constance St. (70130)	1,2
<input type="checkbox"/> King-Rampart Apartments*	1931 MLK Jr. Blvd. (70113)	1
<input type="checkbox"/> Lafitte Elderly*	2200 Lafitte St. (70119)	1
<input type="checkbox"/> River Gardens Elderly Apartments*	2017 Laurel St. (70130)	1
<input type="checkbox"/> 3501 St. Claude Apartments	8518 Oak St. (70118)	1
<input type="checkbox"/> Wisdom Manor *	8900 Quince St. (70118)	1

#### 5. REASONABLE ACCOMMODATIONS

If you or a family member are disabled and require accessibility features or another reasonable accommodation, please complete this section. If you do not require a reasonable accommodation, skip this section.

Do you need any special features in your unit or other accommodation as a result of the disability?  Yes  No

Accessible Unit (zero step entry, accommodates a wheelchair or other device)       Limited Steps Unit       Hearing Impaired Unit

Bathroom Mobility Equipment       Vision Impaired Unit       Other (please describe):

#### 6. NOTICE OF NONDISCRIMINATION

The Housing Authority of New Orleans (HANO) is a proud proponent of equal housing opportunity. HANO offers equal opportunity to all persons to live in available housing facilities regardless of race, sex, color, religion, national origin, disability, familial status, sexual orientation, age, marital status, or gender identity or expression, and, to that end, to prohibit discrimination in housing by any person.

#### 7. APPLICANT CERTIFICATION

***I understand that this form is not an offer of housing. Based on this form, I understand that I should not make any plans to move or end my present tenancy. I understand that it is my responsibility to inform the Housing Authority of any change of address, income, reasonable accommodation, property selection and/or family composition or my application will be withdrawn. I certify that the information I have given on this document is true and correct. I understand that at the time of the eligibility interview, I will be required to verify the information that I have provided here. I understand that any false statement or misrepresentations are criminal offenses punishable under state and federal laws. I also understand that providing false statements or information are grounds for rejection of my application or termination of tenancy or program participation. Please make a copy of this pre-application to keep for your records.***

\_\_\_\_\_  
Applicant/Head of Household Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse or Co-Head of Household Signature

\_\_\_\_\_  
Date

To sign this form electronically, please print name and date. Failure to sign this form will result in the rejection of this application.

#### 8. OWNER CERTIFICATION

Owner Referral – I certify that I collected or caused to be collected the information listed above. I certify that the information contained on this form was provided to me for the purpose of referring the applicant to the HANO PBV site-based waiting list. I certify that the information on this form accurately reflects the information provided to me by the applicant.

\_\_\_\_\_  
Owner/Agent Signature

\_\_\_\_\_  
Property Name

\_\_\_\_\_  
Date