

# PRE-APPLICATION FORM

Dear Applicant:

We are pleased to be able to offer you the opportunity to apply for residence at Georgetown Heights, a high-quality, affordable elderly housing complex. To make the application process run as smoothly as possible, we would appreciate it if you would take a few moments to complete the following form.

1. Name of household head: \_\_\_\_\_
2. Your current address: \_\_\_\_\_
3. How may we reach you? Home phone # \_\_\_\_\_ Work phone # \_\_\_\_\_
4. Please list the names of all members of the household who will occupy this apartment.  
\_\_\_\_\_  
Birthdate: \_\_\_\_\_  
\_\_\_\_\_  
Birthdate: \_\_\_\_\_
5. What is the total gross income (before taxes) per year of all members of the household who will occupy the apartment, including employment income, income from assets, pensions, government benefits, and all other sources? \_\_\_\_\_
6. Are you or any members of your household full-time students carrying a full course load (as defined by the educational institution) for at least five months per calendar year?  
 Yes       No
7. Are all members of your household 55 years of age or older?  
 Yes       No
8. How did you hear about our facility? \_\_\_\_\_
9. Would anyone in your household benefit from an accessible unit? \_\_\_\_\_
10. If this is a two-person household, is a two-bedroom apartment required? \_\_\_\_\_

**PLEASE RETURN THIS QUESTIONNAIRE IN THE ENCLOSED PRE-ADDRESSED ENVELOPE AS SOON AS POSSIBLE.**

Thank you for your time and assistance.

Sincerely,  
Dalmatia Elderly Housing Associates



Equal Housing