

Seneca Village
Beechurst Avenue Morgantown WV
(must be 55 and/or disabled)

Waiting List Pre-Application

Apt. Size (check box): 1 bedroom _____ 2 bedroom _____

Date of Birth: _____

Name of Head of Household: _____

Spouse Name or Other Adult (if living with the household): _____

Minor(s) (if living with the household): _____

Current Address: _____

Phone: _____

Email Address: _____

Circle One: Single Married Divorced Separated

ANTICIPATED INCOME: BY HOUSEHOLD MEMBERS:

Member Name: _____

Source of Income: Indicate Name of Source: _____

Gross Income/Monthly: _____

Member Name: _____

Source of Income: Indicate Name of Source: _____

Gross Income/Monthly: _____

Member Name: _____

Source of Income: Indicate Name of Source: _____

Gross Income/Monthly: _____

Member Name: _____

Source of Income: Indicate Name of Source: _____

Gross Income/Monthly: _____

SPECIAL NEEDS:

Does anyone in your family have special needs? Y/N Are special living accommodations required? Y/N
Please explain: _____

SIGNATURE OF ALL PARTIES TO THIS APPLICATION (18 YEARS OR OLDER):

Applicant Signature (HEAD)

Date

Applicant Signature (OTHER ADULT)

Date

FMHA Representative

Date



WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful, false statements of misrepresentation to any department or agency of the U.S. or to any matter within its jurisdiction.

PLEASE RETURN TO THE ATTENTION OF JENNA HARRIS PIKE

By Mail:

FMHA
PO Box 2738
Fairmont, WV 26555

By Fax:

304-366-0469

By Email:

jharris-pike@fmhousing.com

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