

**TUNICA BILOXI HOUSING DEPARTMENT**  
**WAITING LIST APPLICATION**

Name \_\_\_\_\_ Home Tel. # \_\_\_\_\_

Address \_\_\_\_\_ Work Tel. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email (if available) \_\_\_\_\_ Roll# \_\_\_\_\_

Unit size(s) for which you are applying (please check one or more below):

1-Bedroom     2-Bedroom     3-Bedroom     4-Bedroom

**HOUSEHOLD MEMBERS**

Please list **ALL** household members who will occupy the unit:

| Name | Date of Birth | Sex | SS# | Relationship |
|------|---------------|-----|-----|--------------|
|      |               |     |     |              |
|      |               |     |     |              |
|      |               |     |     |              |
|      |               |     |     |              |
|      |               |     |     |              |
|      |               |     |     |              |

**INCOME**

What is your approximate total yearly income (before-tax income from all jobs, self-employment, Social Security, Pensions, payments from friends/family, unemployment, child support, alimony, income from assets etc.)?

\$

**ADDITIONAL INFORMATION**

- Are you a veteran who has been honorably or medically discharged and can provide a copy of DD214?  Yes     No

2. Are you affected by substandard housing? \_\_\_Yes \_\_\_ No

\*\*HUD defines "substandard housing" as housing lacking essential facilities or posing health and safety risks.

If yes, please explain in the space provided here:

3. Are you involuntarily displaced? \_\_\_Yes \_\_\_No

\*\*HUD defines "involuntary displacement" as situations where individuals or families are forced to leave their housing due to circumstances beyond their control.

If yes, please explain in the space provided here:

4. Does any member of the household have any accessibility or reasonable accommodation requests or changes in a unit or development or alternative ways we need to communicate with you?  
\_\_\_Yes \_\_\_No

If yes, please explain in the space provided here:

*(Signature Page Below)*

**SIGNATURE PAGE**

I/We hereby certify that the information contained herein is true and correct

If we are given the opportunity to lease an affordable unit, prior to completing a lease application we will be notified of the rents that will be in place for our lease term.

**\*\*Waitlist application does not guarantee placement. Qualifications based on HUD guidelines.**

Signed under the pains and penalties of perjury:

---

Signature of Applicant and Date

---

Signature of Co-Applicant and Date

\_\_\_\_\_ "For Office Use Only" \_\_\_\_\_

- **Date Received:** \_\_\_\_\_
- **Reviewed By:** \_\_\_\_\_
- **Approval Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_