

# EMS HOUSING AUTHORITY

## NEW HOUSING APPLICATION

**PLEASE BE ADVISED THAT THERE IS A \$50 NON-REFUNDABLE APPLICATION FEE**

Name: \_\_\_\_\_

Member ID # \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Number of Children: \_\_\_\_\_

Name of children:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Current Living situation:

\_\_\_\_\_

Do you have land in the Settlement? Yes / No

If yes, please provide confirmation with your application.

Do you have any arrears with the Settlement? Yes / No.

If yes, please indicate how much: \_\_\_\_\_

Income: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_