

DETROIT MOVING UP – HCV PRE-APPLICATION REFERRAL COVER SHEET 2023

Head of Household Information:

Please fill out each field completely. Every field is required.

HMIS# _____

1. Full Name (First Name, Middle Initial, Last Name): _____

2. Social Security Number: _____ - _____ - _____ 3. Birth Date (MM/DD/YYYY): _____ / _____ / _____

4. Mailing Address: _____
Street Address Apartment Number

_____ City Zip Code

5. Phone (include area code): (____) _____ - _____ 6. E-mail address (if you have one): _____

Other Household Members:

Please fill out each row completely for every member of the household (other than the Head of Household). **Do not add Head of Household in this section.**

7. Family Members (those that will be living with you)

First Name	Last Name	SSN	Relationship to Applicant	Birthdate

Additional Required Questions:

Please fill out these last questions

8. Are you or any member(s) of your family a person with a disability that needs an accessible unit? Yes No

9. Do you need assistance in completing future paperwork? Yes No

If yes, send all future notices or information to:

_____ Name of assisting person to receive paperwork

Mailing address of assisting person: _____
Street Address Apartment #

_____ City State Zip Code

Phone Number of assisting person: (____) _____ - _____

Email Address of the assisting person (if available): _____

Relationship to Applicant: _____