

Old Swedes Housing
141 High Street Phoenixville, PA 19460
Office: 610-917-3487 Fax: 610-917-9933

PRE-APPLICATION

Due to our waiting list we ask that applicants fill out this pre-application. If you meet the eligibility requirements, you will be placed on our waiting list.

NAME: _____ EMAIL ADDRESS: _____

ADDRESS: _____

PHONE NUMBER: _____ (CELL/OTHER): _____

SOCIAL SECURITY #: _____ DATE OF BIRTH: _____

Are you or your spouse a veteran? You / Your Spouse / Neither

Are you subject to the state lifetime sex offender registration requirements? Yes / No

Are you seeking housing due to a presidentially declared disaster? Yes / No

Do you receive Social Security Benefits under another person's Social Security Number? Yes / No

Financial Information: (Please note whether annually or monthly)

Social Security: \$ _____ Pension: \$ _____ Other: \$ _____

Balance in your Checking account: \$ _____ Savings: \$ _____

Other: \$ _____ Other: \$ _____ Explain: \$ _____

Signature Date

Spouse Date

