

**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

