

Head of household name	Social Security Number	Date modified (mm/dd/yyyy)
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4. Background at Admission

4a. Date (mm/dd/yyyy) entered waiting list	4a.
4b. ZIP code before admission	4b.
4c. Homeless at admission? (Y or N)	4c.
4d. Does family qualify for admission over the very low-income limit? (Section 8 only) (Y or N)	4d.
4e. Continuously assisted under the 1937 Housing Act? (Y or N)	4e.
4f. Is there a HUD approved income targeting disregard? (Y or N)	4f.

5. Unit to be Occupied on Effective Date of Action

5a. Unit address			
Number and street			Apt.
City	State	ZIP code (+4)	
5b. Is mailing address same as unit address? (Y or N) (if yes, skip to 5d)			5b.
5c. Family's mailing address			
Number and street			Apt.
City	State	ZIP code (+4)	
5d. Number of bedrooms in unit			5d.
5e. Has the PHA identified this unit as an accessible unit? (Public Housing only) (Y or N)			5e.
5f. Has the family requested accessibility features? (Public Housing only) (Y or N) (if no, skip to next section)			5f.
5g. Has the family received requested accessibility features? (Public Housing only)			
<input type="checkbox"/> a. Yes, fully <input type="checkbox"/> b. Yes, partially <input type="checkbox"/> c. No, not at all <input type="checkbox"/> d. Action pending (can be checked in combination with b. or c.)			
5h. Date (mm/dd/yyyy) unit last passed HQS inspection (Section 8 only, except Homeownership)			5h.
5i. Date (mm/dd/yyyy) of last annual HQS inspection (Section 8 only, except Homeownership)			5i.
5j. Year (yyyy) unit was built (Section 8 only)			5j.
5k. Structure type (check only one) (Section 8 only)			
<input type="checkbox"/> Single family detached		<input type="checkbox"/> Semi-detached	
<input type="checkbox"/> Low-rise		<input type="checkbox"/> High rise with elevator	
		<input type="checkbox"/> Rowhouse/townhouse	
		<input type="checkbox"/> Manufactured home	