



UPDATES FOR PRE-APPLICATION

(Complete this form only if you have had changes to your MPHA Pre-application)

Name (Print): _____

Address: _____

City, State, Zip: _____ Soc Sec #: _____

Phone: _____ Alternative Contact Phone: _____

Number of people in household: _____

Income Source: _____ Amount \$: _____

Please indicate which preference area has changed for you: (check all that apply)

- _____ I am 62 years of age
- _____ I am disabled
- _____ I am 50-61 years of age
- _____ I am a full time student or involved in a Self-sufficiency program
- _____ I or a member of my family is a VAWA (Violence Against Women Act) Victim
- _____ I am living in substandard housing
- _____ I am paying more than 50% of my income for rent and utilities
- _____ I am being involuntarily displaced through no fault of my own
- _____ I am a U.S. Veteran

Applicant Signature: _____ Date: _____

Return this form to: MPHA Leasing & Occupancy
Attn: Leasing Clerk
1001 Washington Avenue North
Minneapolis, MN 55401

Received by MPHA: Staff Initials _____ Date: _____ Rev: 7/13/2011