

**APPLICATION FOR PRE-ELIGIBILITY DETERMINATION  
HARVEY II SENIOR HOUSING CENTER**



**1. APPLICANT(S):** **PLEASE PRINT**

**Head of Household:** \_\_\_\_\_  
**Current Mailing Address:** \_\_\_\_\_  
**Telephone:** \_\_\_\_\_  
**Spouse/**  
**Co-Head Name:** \_\_\_\_\_

<b>First</b>	<b>Middle Initial</b>	<b>Last</b>
<b>Street</b>		<b>Apt. #</b>
<b>City</b>	<b>State</b>	<b>Zip Code</b>

(Area Code)

**Current Mailing Address:** \_\_\_\_\_  
**Telephone:** \_\_\_\_\_  
**Spouse/**  
**Co-Head Name:** \_\_\_\_\_

<b>First</b>	<b>Middle Initial</b>	<b>Last</b>
<b>Street</b>		<b>Apt. #</b>
<b>City</b>	<b>State</b>	<b>Zip Code</b>

(Area Code)

**2. Date of Birth:** \_\_\_\_\_

**3. INCOME \$** \_\_\_\_\_ **(Total annual household income)**  
**1 Person \$26,400 maximum—2 Persons \$30,150**

**4. Number of persons to occupy units:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Time of day:** \_\_\_\_\_

**Qualified Applicants must be 62 years of age or older.**