

***Mennonite Housing Rehabilitation Services, Inc.***  
**Preliminary Application For Elizabeth Estates**  
**1230 W 42<sup>nd</sup> South, Wichita, Ks 67217**  
**316-529-1920**

**THIS IS ONLY A PRELIMINARY APPLICATION** that will be used to place your name on the above WAITING LIST. Once your name comes to the top of the waiting list, we will contact you regarding the next step in the application process. You can expect to receive a letter from us acknowledging receipt of your preliminary application and a preliminary determination of your eligibility.

1. Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
 Current Address: \_\_\_\_\_ Apt # \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Spouse Work \_\_\_\_\_  
 Emergency Contact Name: \_\_\_\_\_ Phone # \_\_\_\_\_

2. List yourself and each person who will be living with you. Be sure to list each family member and their relationship to you, i.e. self, wife, husband, etc.

Last Name	First Name-MI	Birthdate	Sex	Relation-ship	Soc Sec #	Monthly Income	Income Source

APPLICANT CERTIFICATION: I certify that the statements made on this application are true and complete to the best of my knowledge. I understand that false or incomplete information may result in denial of housing assistance. I certify that no member of the household or any guest engages, or will engage in violent or drug-related criminal activity.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

MHRS Representative: \_\_\_\_\_ Date: \_\_\_\_\_