



“ELDERLY” (62+) PROJECT-BASED VOUCHER (PBV) APPLICATION

APPLICANT INFORMATION:

Name of Head of Household: _____
 Social Security Number: _____
 Marital Status: Single Married Separated Divorced Widowed
 Street Address: _____
 City: _____
 State: _____
 Zip Code: _____
 DOB: _____
 Age: _____
 Phone Number: _____

HOUSEHOLD COMPOSITION:

Legal Name	Relationship	DOB	Age	Sex	SS #	Race	Hisp/ Not Hisp

LOCAL PREFERENCES:

1. I am a resident of Fulton County. YES NO
2. I am elderly (over 62 years of age). YES NO
3. I am currently working with a history of employment at least 6 months. YES NO
4. I am disabled. YES NO

INCOME:

Total Annual Gross Income from all sources: _____
 Source of Income: Welfare SSI/SSA Work Other

RACIAL/ETHNIC DESIGNATION:

- Black White Nat. American
 Asian/Hispanic Other

I CERTIFY THAT THE STATEMENTS MADE ON THIS FORM ARE TRUE AND COMPLETED TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Signature of Head of Household _____ Date _____

“We’re Building Something Better”