



COMMUNITY ACTION OF LARAMIE COUNTY, INC.
PRE-APPLICATION FOR HOUSING

Date: _____ **Time:** _____ **A.M. /P.M.**

Applicant's Name: _____

Current Housing Status: Homeless Shelter
 Rent Own
 Other (Please explain) _____

Current Address: _____

Daytime Phone: _____ **Evening Phone:** _____

Bedrooms Needed: Studio Two Three Four

Other Accommodations Needed: Handicapped Unit

Household composition: # of Adults: _____ # of Children: _____

List all Sources of Monthly Household Income	
Name	Amount of Gross Income per Month

Have you or any member of the household ever been convicted of a felony? Yes No
If yes, please explain _____

****Our agency requires that you contact us every 6 months if you wish to remain on our housing waiting list, if we do not hear from you, your application will be dropped from the wait list.**

Print Name

Date

Signature

