Application for Admission

City of Marmaduke Housing Authority 957 Lillian Blvd. Marmaduke, AR72443

Phone (870)597-4352 Fax (870)597-2913

email marmadukehousing@yahoo.com www.marmadukehousing.com Name of Applicant_____ Date______
Street Address or P.O. Box_____ City_____State____Zip___ Phone # ____ - - -Birthdate / / I. Family Members (include yourself) Sex Relation Birthdate SS# Name II. Family Income Family Member Source of Income Income Per Month III. Housing References- If you have lived in public housing or Section 8 you must list below. 1. Name of Landord_____ Phone # _____ Street Address or P.O. Box Date lived there / / to / 2. Name of Landlord_____ Phone #____ Street Address of P.O. Box______State_____Zip_____ Date lived there / / to / IV. Personal Information 1. Have you or anyone in your household ever lived in public housing or section 8 housing? Yes 2. If Yes, where and what dates did you live there? Where______ Dates_____ 3. Have you or anyone in your household ever been <u>arrested or convicted</u> of a crime? Please include all misdemeanors or felonies. You can exclude minor traffic violations. Yes_____ No____ 4. If Yes, please explain the arrest or conviction and the dates when it occurred.

Applicant Signature______ Date __/ __/
Spouse or Other Adult Signature_____ Date __/ _/
Date __/ /

Other Adult Signature______ Date __/