

DOCUMENT SUBMITTAL FORM-ADMISSIONS

Head of household: _____ Client #: _____

Social Security #: _____ Date: _____

Check here if new mailing address

Address: _____

City: _____ State: _____ Zip Code: _____

Phone number: _____

E-mail Address: _____

Signature: _____

Documents Submitted:

- SS Award Letter
- Birth Certificate
- Fingerprint Card
- Picture ID/Drivers License
- Other: _____

- Personal References
- Rental History
- Social Security Card
- Power Bill
- Bank Statement

Comment: _____

FOR RHA USE ONLY

Date: _____ Time: _____ Initials: _____