

HAP APPLICATION ADDENDUM

**LIST OF PERMANENT HOUSING
OPTIONS/PROGRAMS**

I HAVE APPLIED FOR THE FOLLOWING PROGRAMS:

PROGRAM **DATE APPLIED**

CMHA: PUBLIC HOUSING _____

SECTION 8: _____

EDEN OWNED HOUSING: _____

HUD BUILDINGS: _____

**MENTAL HEALTH SPONSORED HOUSING
(SPECIFY WHICH AGENCY)**

OTHER: _____

OTHER: _____

APPLICANT

DATE