



RUTLAND
HOUSING AUTHORITY

**LOCAL PREFERENCE CERTIFICATION
FOR THE PUBLIC HOUSING PROGRAM**

I HEREBY CERTIFY THAT I AM ENTITLED TO THE FOLLOWING LOCAL (NON-FEDERAL) PREFERENCES:

CHECK ALL BOXES THAT APPLY TO YOU:

- 1. I/we are currently homeless and have the assistance of supportive services
- 2. I, or my spouse, are 62 years old or older
- 3. I, or my spouse, is near elderly (50 – 61 years of age)

Applicant Name (Print Clearly)

Applicant Signature

Date

Co-Applicant Name (Print Clearly)

Co-Applicant Signature

Date