

Application for Housing

Time: _____

Applicant Name: _____

Applicant Address: _____

City/State/Zip Code: _____

Area Code/Phone Number: _____

Elderly Status:

Circle One:

"0" = Non Elderly

"1" = 62 Years of Age or Older

"2" = Disabled, Handicapped under 62

Marital Status:

Circle One:

"M" = Married

"S" = Single

"P" = Separated

"D" = Divorced

"W" = Widow/widower

WHICH PROGRAM ARE YOU APPLYING FOR TODAY?

Circle One:

10 Public Housing

20 Section 8

30 Both Public Housing and Section 8

APPLICATION FOR PUBLIC HOUSING

PART A: INFORMATION ABOUT MEMBERS OF THE HOUSEHOLD

List all persons age 18 or older (head/spouse/cohead regardless of age) who will be living in the home, beginning with the head of household. Each box must be completed for each member. No one except those listed on this form may live in the unit.

NAME	Relation to Head	US Citizen Y/N	Disabled? Y/N	Sex M/F	Date of Birth	Soc. Security # or Alien Registration #
1.	HEAD					
2.						
3.						
4.						
5.						

CHILDREN 17 AND YOUNGER

List all children who will be living in the home, oldest to youngest.

NAME	Relation to Head	US Citizen Y/N	Disabled? Y/N	Sex M/F	Date of Birth	Soc. Security # or Alien Registration #	School Name
6.							
7.							
8.							
9.							
10.							

RACE AND ETHNICITY OF HEAD OF HOUSEHOLD

Race: Check the appropriate race. (More than one category can be entered if applicable.) <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander		
Ethnicity: (Check the appropriate ethnicity.) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino		

Answer the following questions about all members of the household:

1. Has any adult who will live in the home previously lived in a State other than this State?.. Yes No
 If yes, which family member(s)? _____ State lived? _____
 _____ State lived? _____
2. Does anyone other than an adult who will live in the home share custody of any of the children listed?
 Yes No If yes, who? _____
3. Does anyone who will be living in the home have a divorce decree or court order as the result of a divorce or legal separation? Yes No If yes, who? _____
4. Is anyone who will be living in the home expecting a child?
 Yes No If yes, who? _____
5. Is there anyone not listed on the application who is temporarily absent from the home?
 Yes No If yes, who? _____
6. Has anyone who will be living in the home ever used another social security number other than the one listed on this application? Yes No If yes, who? _____
7. Has anyone who will be living in the home ever used another name, other than the one they are using now?
 Yes No If yes, who? _____
8. Is there anyone who will be living in the home who is 18 or over and a full-time student?
 Yes No If yes, who? _____
9. Does anyone in your household require any type of accommodations to fully utilize our programs and services? Yes No If yes, who? _____
 What do they require? _____

APPLICATION FOR PUBLIC HOUSING

CONTACT INFORMATION: List the names, addresses and telephone numbers of two relatives or friends who live in the area and generally know how to contact you.

1. Contact Name _____ Phone# _____
Address _____ City/State/Zip _____
2. Contact Name _____ Phone# _____
Address: _____ City/State/Zip _____

PART B: PRESENT AND PREVIOUS HOUSING INFORMATION

List your current address and landlord information. Then list all prior addresses and landlords for the past five (5) years.

Current landlord Address _____ Phone: _____ How long? _____
Previous landlord Address _____ Phone: _____ How long? _____
2nd Previous landlord Address _____ Phone: _____ How long? _____
3rd Previous landlord Address _____ Phone: _____ How long? _____

PART C: CRIMINAL BACKGROUND AND OTHER INFORMATION

These questions apply to you and all of the members of your household.

- 1. Has any household member ever been arrested for any crime? ... Yes No
If yes, how many times? ... Please explain.
2. Has any household member ever been convicted of any crime? ... Yes No
If yes, how many times? ... What crime(s)?
3. Is any household member a subject to lifetime sex offender registration? ... Yes No
If yes, who? ... In what State(s)?
4. Is any household member currently using illegal drugs? ... Yes No If yes, who?
5. Has any household member ever been evicted from any type of housing? ... Yes No
If yes, explain when, where and for what reason.
6. Does any household member abuse alcohol in a way that threatens the health, welfare or safety of other persons? ... Yes No If yes, Explain
7. Has any household member received rental assistance in public housing or HCV? ... Yes No
If yes, when? Year(s) ... Housing Agency Name ...
Under what name? ... Who was Head of Household?

APPLICATION FOR PUBLIC HOUSING

PART D: INFORMATION ABOUT THE INCOME OF MEMBERS OF THE FAMILY.

(Income includes money or contributions from any and all sources paid to or on behalf of a family member.)

1. Did you or any family member file a federal income tax return for the past year? Yes No
If yes, who? _____

2. Do you or any member of the family receive any of the following or expect to receive any of the following during the next twelve (12) months?
 - Wages, salaries, tips, fees or commissions from an employer? (full or part time) Yes No
 - Compensation for personal services? Yes No
 - Income from the operation of a business or profession? Yes No
 - Interest, dividends or other income from real or personal property? Yes No
 - Payments from Social Security? Yes No
 - Payments from annuities? Yes No
 - Payments from insurance policies? Yes No
 - Payments from retirement funds? Yes No
 - Payments from pensions? Yes No
 - Payments from disability benefits? Yes No
 - Payments from death benefits? Yes No
 - Lump sum payments for the delayed start of periodic payments? Yes No
 - Unemployment compensation? Yes No
 - Disability compensation? Yes No
 - Worker's compensation? Yes No
 - Severance pay? Yes No
 - Welfare assistance payments? Yes No
 - TANF payments? Yes No
 - Alimony payments? Yes No
 - Child support payments? Yes No
 - Regular contributions or gifts from anyone? Yes No
 - Money from self employment? Yes No
 - Regular or special military pay? Yes No
 - Regular contributions from anyone? Yes No
 - Financial assistance to attend school Yes No

3. List the sources and amounts of all income (money) expected for the coming 12 months for all family members from any and all sources.

Family Member Name	Income Source	Amount \$	Frequency - (Circle one)
			Week Month Year
			Week Month Year
			Week Month Year
			Week Month Year
			Week Month Year
			Week Month Year

APPLICATION FOR PUBLIC HOUSING

PART E: INFORMATION ABOUT THE ASSETS OF ALL MEMBERS OF THE FAMILY

(An asset is something of value that can be converted to cash)

1. Do you or any family member own or have access to any of the following?

- Savings account? Yes No Checking account? Yes No
 Certificate of deposit? Yes No Money market account? Yes No

Family Member Name	Bank Name	Account Number	Balance

2. Do you or any family member own or have access to any of the following?

- Stocks? Yes No Bonds? Yes No
 Real property (land)? Yes No Trust funds? Yes No
 Pensions? Yes No Individual retirement accounts? Yes No
 Inheritances? Yes No Life insurance policies? Yes No
 Any other type of capital investment? Yes No

Explain any "Yes" answers below.

Family Member Name	Type of Asset	Account Number	Value

PART F: INFORMATION ABOUT HOUSEHOLD EXPENSES

1. Does any family member have expenses for child care of a child age 12 or younger? Yes No

If yes, complete the following:

Minor's Name	Care Provider			Amount Monthly
	Name	Address	Phone Number	

2. Is any portion of these childcare expenses reimbursed from an outside agency or person? .. Yes No
 If yes, how much is reimbursed per month? \$ _____

3. Do you pay a care attendant to provide care for a disabled family member so that an adult family member can work? (Could be the person with disabilities) Yes No If yes, complete the following:

Care Attendant			Amount Monthly
Name	Address	Phone Number	

4. Are you paying for any type of equipment for a disabled family member that enables an adult member to work? (Could be the person with disabilities). Yes No
 If yes, what is the anticipated monthly cost? \$ _____

APPLICATION FOR PUBLIC HOUSING

5. Indicate the dollar amount for your monthly living expenses as listed below:

Item	Monthly Amount	Last Date Paid	Paid By Whom
Rent			
Electric			
Gas			
Water			
Telephone			
TV Cable			
Car payment(s)			
Car Insurance			
Gas for car			
Life Insurance			
Health Insurance			
Loan			
Rentals			
Furniture			
Food			
Credit Cards			

Medical Expenses (These questions only apply if the head, spouse or cohead is 62 years or older or is disabled)

Do you or any member of the family pay for any of the following items?

- Medical insurance premiums? Yes No
- Long term care insurance? Yes No
- Out of pocket prescription expenses? Yes No
- Past due medical bills? Yes No
- Other anticipated medical expenses? Yes No

Please list the type and amount of the medical expenses for all family members that you anticipate paying over the next 12 months:

Family Member Name	Type of Expense	Monthly Amount

APPLICATION FOR PUBLIC HOUSING

Certification of the Applicant

I hereby certify that all of the information I have provided on this application is true and complete. I understand that I am required to notify the housing authority in writing (within 14 days) if any member of the family moves out of the unit, and that I cannot permit anyone to move into my unit without prior approval of the housing authority. I understand that I must notify the housing authority in writing of any changes to the household due to birth, adoption or court-awarded custody. I also understand that any person who attempts to obtain housing assistance or rent reduction by making false statements, by impersonation, by failure to disclose or intentionally concealing information, or any act of assistance to such attempt is a crime under Federal and State law.

WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATES CODE STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AND SHALL BE FINED NOT MORE THAN \$10,000 OR IMPRISONED FOR NOT MORE THAN FIVE YEARS OR BOTH.

Signature of Head of Household

Date

Signature of Spouse or Cohead

Date

Certification of PHA Representative

I hereby certify by my signature that I have explained all questions on this application form and reviewed the answers provided with the head of household to ensure that these questions were fully understood and fully answered.

Signature of PHA Representative

Date