

For Office Use Only
Applicants **DO NOT** write in this section

Eligibility Determination

Date/Time: _____ Bedroom Size: _____ Initial Eligibility: Yes No
Received by: _____ Qualify for 504 Unit? Yes No
Waiting List Placement: _____ Preference(s) claimed: _____
List any reasonable accommodation/assistance requested by applicant: _____
Interview Date: _____ Final Eligibility: Yes No

APPLICATION FOR ADMISSION Low Income Public Housing Program

Limited English Proficiency:

Do you require oral and/or written information in any language other than English? Yes No
If **yes**, contact the Applications Office for assistance. If **no**, continue.

Instructions for Completing Form:

Complete this form in ink in your own handwriting. Use the legal name for each person who will reside in the rental unit exactly as it appears on his/her Social Security card. All persons aged 18 and over must sign this application certifying the information pertaining to them is correct. Do not leave any section of the application blank. Any required information not received by the Public Housing Agency (PHA) within 10 business days of the date of this application will result in denial of the application.

Applicant Head of Household Information

Applicant Name: _____
Mailing Address: _____ City: _____ State: _____ Zip: _____
Physical Address Where You Currently Reside: _____
Home Phone #: _____ Work Phone #: _____ Cell Phone #: _____
Email Address: _____

Current Housing

Is any household member a veteran? Yes No If yes, name: _____
Are you seeking housing due to a Presidentially Declared Disaster? Yes No
Current housing circumstances (*check all that apply*): fleeing/attempting to flee violence not displaced
 displaced by government action lack a fixed nighttime residence displaced by private action

Social Security

Is any household member's legal name different from the name on his/her Social Security card? Yes No
If yes, who? _____
Have you or any other adult member ever used any name(s) or Social Security number(s) other than the one currently being used? Yes No
If yes, explain: _____

Communications

Place a check mark in the appropriate boxes in each section below to identify any language or disability needs in communication.

- Mark this box if you read or speak English.**
- Marque esta casilla si lee o habla español. (Spanish)
- Xin ñaunh daáu vaøo oâ naøy neáu quyù vò bieát ñoïc vaø noui ñöøic Vieät Ngöð. (Vietnamese)
- Prosimy o zaznaczenie tego kwadratu, jeżeli posługuje się Pan/Pani językiem polskim. (Polish)
- Motka i kakhon ya yangin ûntûngnu' manitai pat ûntûngnu' kumentos Chamorro. (Chamorro)
- Zaškrtněte tuto kolonku, pokud čtete a hovoříte česky. (Czech)
- Kruis dit vakje aan als u Nederlands kunt lezen of spreken. (Dutch)
- Kreuzen Sie dieses Kästchen an, wenn Sie Deutsch lesen oder sprechen. (German)
- Označte tento štvorček, ak viete čítať alebo hovoriť po slovensky. (Slovak)
- Markahan itong kuwadrado kung kayo ay marunong magbasa o magsalita ng Tagalog. (Tagalog)
- ضع علامة في هذا المربع إذا كنت تقرأ أو تتحدث العربية. (Arabic)
- ឈ្មួញកំភ្នំប្រអប់នេះ បើអ្នកអាន ឬនិយាយភាសា ខ្មែរ ។ (Cambodian)
- 如果你能讀中文或講中文，請選擇此框。 (Traditional Chinese)
- اگر خواندن و نوشتن فارسی بلد هستید، این مربع را علامت بنید. (Farsi)
- Σημειώστε αυτό το πλαίσιο αν διαβάσετε ή μιλάτε Ελληνικά. (Greek)
- Kos lub voj no yog koj paub twm thiab hais lus Hmoob. (Hmong)
- 日本語を讀んだり、話せる場合はここに印を付けてください。 (Japanese)
- 한국어를 읽거나 말할 수 있으면 이 칸에 표시하십시오. (Korean)
- ໃຫ້ໝາຍໃສ່ຊ່ອງນີ້ ຖ້າທ່ານອ່ານຫຼືປາກເວົ້າພາສາລາວ. (Laotian)

I do not require any alternate means of communication.

I require that all written information be: in large print presented orally
 in Braille in another format (explain specific need): _____

I require that oral information be presented to me: in writing through a telephone relay service
 in another format (explain): _____

I. HOUSEHOLD COMPOSITION (List all persons who will live in the rental unit. No person may reside in a subsidized unit whose residency has not been previously approved by the Housing Authority.)

*** Please Note: No applicant for housing assistance will be discriminated against because of a disability. Applicants are not required to disclose a disability. However, benefits for which persons with disabilities are eligible cannot be provided unless disability status is disclosed.**

LIST BELOW ALL PERSONS AGED 18 OR OLDER WHO WILL RESIDE IN THE RENTAL UNIT:

Use the following codes to describe each adult member's relationship to the Head of Household: **A** = Adult who is not a full-time student **F** = Foster Adult **E** = Full-time student aged 18 or older who is not the Head, Spouse, or Co-Head **L** = Live-in Aide (if required by an elderly/disabled applicant)

| Full Name as It Appears on Social Security Card | Social Security # | Relation to Head | Sex | | | Race and Ethnicity | Date of Birth | Age | Disabled Yes/No | List Most Recent Date | |
|---|-------------------|-------------------|-----|---|---------------------|--------------------|---------------|-----|-----------------|-----------------------|---------------|
| | | | M | F | Decline to Disclose | | | | | Employed | Received TANF |
| Last | | HEAD | | | | | | | | | |
| First MI | | | | | | | | | | | |
| Last | | Spouse or Co-Head | | | | | | | | | |
| First MI | | | | | | | | | | | |
| Last | | | | | | | | | | | |
| First MI | | | | | | | | | | | |
| Last | | | | | | | | | | | |
| First MI | | | | | | | | | | | |
| Last | | | | | | | | | | | |
| First MI | | | | | | | | | | | |

If a Social Security number is not provided for any adult household member, check the reason below:

- _____ (name of household member) is an ineligible non-citizen.
- _____ (name of household member) has not been assigned a Social Security number, was receiving HUD housing assistance on January 31, 2010, and was 62 or older as of January 31, 2010.



LIST BELOW ALL PERSONS UNDER THE AGE OF 18:

Use the following codes for describing each minor's relationship to the Head of Household: **Y** = Youth **F** = Foster Child **L** = Child of Live-in Aide

| Full Name of Minors as It Appears on Social Security Card | Social Security Number | Relation to Head | Sex | | | Race/Ethnicity | Date of Birth | Age | Disabled Yes/No | Name of School or Day Care Attended if applicable | Name & Contact Information for Absent Parent <i>(if both parents will not be living in same household)</i> |
|---|------------------------|------------------|-----|---|---------------------|----------------|---------------|-----|-----------------|---|---|
| | | | M | F | Decline to Disclose | | | | | | |
| Last | | | | | | | | | | | |
| First MI | | | | | | | | | | | |
| Last | | | | | | | | | | | |
| First MI | | | | | | | | | | | |
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| First MI | | | | | | | | | | | |
| Last | | | | | | | | | | | |
| First MI | | | | | | | | | | | |

If a Social Security number is not provided for any minor, check the reason below:

- _____ (name of minor) is an ineligible non-citizen.
- _____ (name of minor) has not been issued a Social Security number. I/we understand that if this application is approved, I/we will not receive a rental offer until a Social Security number has been provided to the PHA.



I. Household Composition (continued)

1. Is any household member over age 18 (other than the head of household, spouse of the head of household, or co-head) a full-time student or a student of higher education? Yes No
 If yes, list name and the school he/she attends: _____
2. Is the *Spouse of the Head of Household* temporarily absent from the home? Yes No
 If yes, where is he/she? _____
 When will the person return? _____
 Does absent spouse have income? Yes No
 If yes, list all his/her income below:
 a. \$ _____ Source: _____
 b. \$ _____ Source: _____
3. Does anyone in your household require any special accommodations (such as: a ramp, handrails, etc.) due to a handicap or disability? Yes No
 If yes, list requirements: _____
4. Does any elderly or disabled family member require a Live-in Aid? Yes No

II. INCOME AVAILABLE TO HOUSEHOLD

All families must be income-eligible to receive housing assistance. Check Yes or No for each type of income, and list **gross amounts of income** received before any deductions are withheld. Check box to indicate if paid by the hour (Hr.), Week (Wk.), or Month (Mo.).

| Type of Income | Y e s | N o | Name of Family Member with This Type of Income | Company, Agency, or Individual Making Payment | Gross Income | Payment Period: | | |
|--|-------------|--------|--|---|--------------|-----------------|----|----|
| | | | | | | Hr | Wk | Mo |
| Wages or Earnings | | | | | \$ | | | |
| | | | | | \$ | | | |
| TANF | | | | | \$ | | | |
| Personal or Company Pension or Retirement | | | | | \$ | | | |
| | | | | | \$ | | | |
| SSI | | | | | \$ | | | |
| | | | | | \$ | | | |
| Social Security | | | | | \$ | | | |
| | | | | | \$ | | | |
| Unemployment Benefits | | | | | \$ | | | |
| Worker's Compensation | | | | | \$ | | | |
| Regular Gifts, Payments, or Contributions from persons outside household | | | | | \$ | | | |



| Type of Income | Y e s | N o | Name of Family Member with This Type of Income | Company, Agency, or Individual Making Payment | Gross Income | Payment Period: | | |
|--|-------------|--------|--|---|--------------|-----------------|----|----|
| | | | | | | Hr | Wk | Mo |
| Military Income | | | | | \$ | | | |
| Self-Employed (<i>lawn care, hair stylist, manicures, child care, etc.</i>) | | | | | \$ | | | |
| | | | | | \$ | | | |
| Temporary/Seasonal Work | | | | | \$ | | | |
| Student Financial Assistance (<i>Grants, Scholarships, Work-Study, etc.</i>) | | | | | \$ | | | |
| | | | | | \$ | | | |
| Lump Sum Payments | | | | | \$ | | | |
| Veterans Benefits | | | | | \$ | | | |
| Other (list) _____ | | | | | | | | |

Previous Year's Tax Return. Indicate the amount of gross income shown by each family member residing in your household who submitted an individual or joint Federal Income Tax Return.

| | | |
|-----------|-----------------|---------------|
| Taxpayer: | Date of Return: | Gross Income: |
| Taxpayer: | Date of Return: | Gross Income: |

- Does anyone outside the household help with bills on a regular basis? Yes No
- If yes, list name of each person or agency that assists with bills or contributes to your household:
 - _____
 - _____
 - _____
- Is any household member aged 18 or older participating in a job training program? Yes No
If yes, list his/her name and the specific job training program: _____
- Has anyone in your household applied for any benefits that are in the process of being approved? Yes No
If yes, explain: _____
- Has any family member been awarded Child Support? Yes No If yes, amount \$ _____
- Has any family member been awarded Spousal Support? Yes No If yes, amount \$ _____

III. ASSETS

- Do you own a home? Yes No If yes, what is its present value? \$ _____ What will you do with the house if you move into rental housing? _____
- Has any asset been given away or sold for less than its fair market value in the past 2 years? Yes No
If yes, what was its market value? \$ _____ How much did you receive? \$ _____
- Check *yes* or *no* for each type of asset owned by any family member, and list its value and amount of income generated by the asset.



| Type of Asset | | Value | Income Generated by Asset per Year |
|----------------------------|--|-------|------------------------------------|
| Real Estate (house, land) | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ | \$ |
| Stocks | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ | \$ |
| Bonds | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ | \$ |
| Retirement or Pension Fund | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ | \$ |
| Insurance Settlements | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ | \$ |
| Checking Accounts | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ | \$ |
| Savings Accounts | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ | \$ |
| Certificates of Deposit | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ | \$ |
| Trusts | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ | \$ |
| Other (list) _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ | \$ |

IV. PREVIOUS HOUSING ASSISTANCE

Has any household member lived in public housing or participated in the Section 8 Housing Choice Voucher Program after reaching the age of 18? Yes No

If yes, under what name(s): _____

List information about each Housing Agency where any family member has lived or received assistance.

1. Housing Agency: _____

From _____ To _____ Lease in name of: _____

Why did you move? _____

Were any wages disregarded in calculating your rent? Yes No Do not know

2. Housing Agency: _____

From _____ To _____ Lease in name of: _____

Why did you move? _____

Were any wages disregarded in calculating your rent? Yes No Do not know

V. CRIMINAL HISTORY

1. Has any household member been arrested, charged, or convicted for any of the following?

a. Violent criminal activity Yes No

If yes, give details: _____

b. Domestic violence, dating violence, sexual assault, or stalking Yes No

If yes, give details: _____

c. Alcohol-related activity Yes No

If yes, give details: _____

d. Manufacture of methamphetamines Yes No

If yes, give details: _____

e. Possession, use, sale, or distribution of illegal drugs Yes No

If yes, list name/date/disposition of case: _____

2. If required to report, list name and telephone number of probation/parole officer.

Name: _____ Phone: _____

3. Has any household member participated in drug rehabilitation during the past 12 months? Yes No

If yes, explain: _____

4. Is any household member required to register in any state as a Sex Offender? Yes No

If yes, list name and state: _____

5. Has any household member been evicted from federally assisted housing in the past 3 years? Yes No

If yes, who? _____

Where and why? _____

VI. MEDICAL AND DISABILITY ASSISTANCE

1. List all medical expenses the family anticipates paying during the next 12 months that will NOT be reimbursed by insurance or another outside source. Do NOT include life or burial insurance premiums. (Complete only if the Head of Household or Spouse is disabled or is 62 years of age or older.)

| TYPE OF EXPENSE | AMOUNT | TYPE OF EXPENSE | AMOUNT |
|---------------------------------|---------------|--------------------------|---------------|
| <u>medical insurance(s)</u> | \$ _____ | <u>Doctor's Visit(s)</u> | \$ _____ |
| <u>prescription medicine(s)</u> | \$ _____ | _____ | \$ _____ |
| _____ | \$ _____ | _____ | \$ _____ |
| _____ | \$ _____ | _____ | \$ _____ |

2. Do you pay for attendant care or an auxiliary apparatus for any disabled household member in order for him/her or any other adult family member to work? Yes No

If yes, explain: _____

VII. CHILD CARE

1. Do you pay for child care for children aged 12 or younger while you work, attend school, or seek employment? Yes No If yes, to whom are expenses paid? _____

How much do you pay per month? _____ Is any portion reimbursed? Yes No

2. If yes, what amount is reimbursed? _____ Source: _____

3. Address of child care provider: _____



VIII. RENTAL HISTORY

1. Current Landlord: _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone #: _____ Work Phone #: _____ Cell Phone #: _____
Email Address: _____
Dates of Occupancy From: _____ To: _____
Rental Property Address: _____ City: _____ State: _____ Zip: _____
Were you ever late in paying rent? Yes No Were you evicted or asked to move? Yes No
2. Previous Landlord: _____
Address: _____
City: _____ State: _____ Zip: _____
Email Address or Telephone Number: _____
Were you ever late in paying rent? Yes No Were you evicted or asked to move? Yes No
3. Previous Landlord: _____
Address: _____
City: _____ State: _____ Zip: _____
Email Address or Telephone Number: _____
Were you ever late in paying rent? Yes No Were you evicted or asked to move? Yes No

IX. CREDIT HISTORY/PERSONAL REFERENCES

1. List a business where you have made payments in the past 24 months: _____
List a credit card that you have made charges/payments on in the past 24 months: _____
2. List two references (to whom you are not related by blood or marriage) who have knowledge of your ability and willingness to abide by a lease agreement.
- Name: _____ Phone: _____ Number of years you have known him/her: _____
Name: _____ Phone: _____ Number of years you have known him/her: _____

X. MISCELLANEOUS INFORMATION

1. Is any person listed on this application currently a victim of domestic violence, dating violence, sexual assault, or stalking? Yes No If yes, who? _____
Name of perpetrator: _____
2. List all vehicles that household members will park on PHA-owned property.
- Make: _____ Model: _____ Color: _____ License Plate #: _____
Make: _____ Model: _____ Color: _____ License Plate #: _____
3. Do you have a pet? Yes No
If yes, list type and breed: _____
4. How did you learn about this program? _____



XI. REQUIRED SUPPLEMENTS TO APPLICATION

The following documents must be executed along with this application form for the application to be considered complete:

- a. 214 Citizenship Declaration for each family member
- b. Form HUD-92006, Emergency Contact Form
- c. HUD Privacy Act/Release of Information (form HUD-9886) for Public Housing or HUD Privacy Act/Release of Information (form HUD-9887) for Section 8 New Construction
- d. Release for Criminal History Background Check for each adult household member
- e. Preference(s) Claim Sheet (if applicable)
- f. Form HUD-52675, "Debts Owed to PHAs" signed by each adult household member
- g. Other release forms, as applicable

XII. APPLICANT CERTIFICATION

All family members aged 18 or older must certify to the accuracy of the information provided and sign this application.

- I/we certify that the information provided in this application is accurate and complete to the best of my/our knowledge and belief.
- I/we understand that providing false statements or information is punishable under Federal Law and constitutes grounds for denial of my/our application, as well as termination of housing assistance and eviction after leasing a dwelling unit.
- I/we understand that all information provided in this application and required supplements and during the eligibility interview is subject to verification.
- I/we further understand that any changes to information provided in this application must be provided to the PHA within 14 days of such change for this application to remain valid.

By my/our signature(s) below, I/we do hereby swear and attest that all information in this application is true and correct. (*Application must be signed by all adults who will live in the rental unit.*)

Signature of Head of Household

Date

Signature of Spouse of Head of Household or Co-Head

Date

Signature of Other Adult Family Member

Date

Signature of Other Adult Family Member

Date

WARNING: TITLE 18, SECTION 1001 OF THE U.S. 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 GOVERNMENT.

If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity national toll-free hotline at 1-800-669-9777.