

7. 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? _____
8. 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? _____
9. 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? _____
10. Does anyone in your household require any type of accommodations to fully utilize our programs and services? Yes No If yes, who? _____

CONTACT INFORMATION:

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

Contact Name _____ Phone _____

Contact Name _____ Phone _____

PRESENT HOUSING INFORMATION:

List your current address and landlord information. *We will be contacting your landlord to do a reference check.

Current Landlord _____ Phone _____

Address _____ City/State/Zip _____

CRIMINAL BACKGROUND AND OTHER INFORMATION:

These questions apply to all the members of the household

1. Has any household member ever been arrested for any crime? Yes No
If yes, how many times? _____ please explain. (Include when, where, and reason for the arrest. Attach a separate sheet if needed) _____

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 a lifetime sex offender registrations? Yes No
If yes, who? _____ 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 Section 8? Yes No

INFORMATION ABOUT THE INCOME OF MEMEBERS OF THE FAMILY:

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

Did you or any family member file a federal income tax return for the past year..... Yes No

If yes, who? _____

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

List the sources and amounts of all income (money)

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

INFORMATION ABOUT THE ASSETS OF ALL MEMBERS OF THE FAMILY:

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 and Town

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

Family Member Name	Type of Asset	Account Number & Value

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	Daycare Provider			Amount Monthly
	Name	Address	Phone Number	

2. Is any portion of these child care 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 enable an adult member to work? (Could be the person with disabilities)..... Yes No

5. If yes, what is the anticipated monthly cost? \$ _____

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

Item	Monthly Amount	Paid by whom	Last Date Paid
Rent			
Electric			
Gas			
Water			

Item	Monthly Amount	Paid by whom
Food Expenses		
Is the family receiving Food Stamp? <input type="checkbox"/> Yes <input type="checkbox"/> No		Family Services
What is the family's weekly grocery bill? <small>*Note: food contributed by food banks, received from the surplus commodity program, the WIC program, or consumed at publicly or non-profit funded meals programs does not count as income. Food or cash contributed by private person, such as parents, does count as income</small>		
Grooming, Paper Products, and Cleaning Products		

Napkins, toilet paper, paper towels, trash bags, diapers, Shampoo, deodorant, soap, toothpaste, make-up, barber, beautician, dishwashing soap, laundry detergent, and household cleaning products		
Item	Monthly Amount	Paid by whom
Transportation Expenses		
Does the family own a car? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are there still payments due on the car? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Gas		
Maintenance & Tires		
Insurance		
<small>*Note: Uninsured automobiles cannot be parked on PHA property.</small>		
If the family does not own a car, what does the family use for transportation? _____		
Entertainment expenses		
Does the family have cable T.V.? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Magazines, Movies, & Video Rentals		
Club Memberships , Sporting Events, Liquor/ Beer/Wine/Lottery		
Vacations and Other Entertainment		
Clothing Expenses		
Clothes and shoes for the family		
<small>*Note Clothing acquired from Clothing banks or given to the family secondhand is not counted as income.</small>		
Laundry/dry cleaning		
Smoking Expenses		
Does any one in the household smoke cigarettes or cigars?		
Does any one in the household use chewing tabacco?		
Communication Expenses		
Does the family have a telephone or cell phone? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Does the family have internet? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Medical Expenses		
Does the famiy have any non-reimbursed medical expenses? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Miscellaneous Expenses		
Church Contributions		
Non-reimbursed educational, childcare, or job expenses		

Medical Expense: (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 expense..... | Yes | No |
| Past due medical bills..... | Yes | No |
| Other anticipated medical expenses | Yes | No |

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 10 days if any member of the family moves out of the unit and 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 statemnets, 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 STATED CODE STATES THAT A PERSON IS GULITY OF A FELONY FOR KNOWINGLY AND WILLINGL 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 Co. Head of Household	_____ Date
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****Incomplete applications will not be accepted.***

