

OFFICIAL USE ONLY

- Criminal
- Landlord
- SB
- SV/HH

APPLICATION FOR PUBLIC HOUSING

PART A: INFORMATION ABOUT MEMBERS OF THE HOUSEHOLD

List all **persons age 18 or older** (head/spouse/co head 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/M	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

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

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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	<u>Phone#</u>
Address	City/State/Zip
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2. Contact Name	<u>Phone#</u>
Address:	City/State/Zip
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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		<u>Phone:</u>
Address	City/state/zip	How long?
<hr/>		
Previous landlord		<u>Phone:</u>
Address	City/state/zip	How long?
<hr/>		
2nd Previous landlord		<u>Phone:</u>
Address	" City/state/zip	How long?
<hr/>		
3rd Previous landlord		<u>Phone:</u>
Address	City/state/zip	How long?
<hr/>		

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. (Include when arrested, where arrested and the 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 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, please explain: _____

7. Has any household member received rental assistance in public housing or HVC?
..... Yes No
if yes, when? Year(s) _____ Housing Agency Name: _____
Under what name? _____ Who was Head of Household? _____

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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:

Name	Care Attendant		Amount Monthly
	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

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 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 Co head

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