

APPLICATION FOR ADMISSION AND RENTAL ASSISTANCE

_____ (Property Name)

Phone _____ TTY 711 (1-800-955-8771)



Received by _____ Date _____ Time _____

APPLICANT NAME _____ FILE NUMBER _____
 CURRENT ADDRESS _____
 CITY, STATE, ZIP CODE _____
 HOME PHONE _____ WORK PHONE _____
 SPOUSE/CO-HEAD WORK PHONE _____

HOUSEHOLD COMPOSITION AND CHARACTERISTICS

1. List the Head of Household and all other members who will be living in the unit. Give the relations of each family member to the head. Please identify all children who are the subject of joint custody agreement with someone who will not be residing in the unit.

	Member's Full Name	Joint Custody	Relationship	Birth Date	Age	Social Security Number
HH						
2						
3						
4						
5						
6						

2. Race of Head of Household (check one) (For statistical purposes only.)
 White Black American Indian/Alaskan Native Asian/Pacific Islander
3. Ethnicity of Head of Household (For statistical purposes only.)
 Hispanic Non-Hispanic
4. Does anyone live with you now who is not listed above: YES NO
5. Do you expect a change in your household composition? YES NO
 Explain if you answered yes to either question 4 or 5: _____

6. Is head of household, spouse or co-head handicapped or disabled? YES NO
 (For program and unit eligibility purposes only)

7. Please identify any special housing needs your household has. _____

8. Are you now living in a subsidized housing unit? () YES () NO

9. Name of Complex: _____

10. Name of Manager: _____

11. Manager's Telephone Number: _____

INCOME AND ASSET INFORMATION

Please answer each of the following questions. For each "yes," provide details in the charts below. Does any member of your household:

- () Yes () No 1. Work full-time, part-time or seasonally?
- () Yes () No 2. Expect to work for any period during the next year?
- () Yes () No 3. Work for someone who pays them cash?
- () Yes () No 4. On a leave of absence from work due to lay-off, medical, maternity or military leave?
- () Yes () No 5. Now receive or expect to receive unemployment benefits?
- () Yes () No 6. Now receive or expect to receive child support?
- () Yes () No 7. Entitled to child support that he/she is not now receiving?
- () Yes () No 8. Now receive or expect to receive alimony?
- () Yes () No 9. Have an entitlement to receive alimony that is not currently being received?
- () Yes () No 10. Now receive or expect to receive public assistance (welfare)?
- () Yes () No 11. Now receive or expect to receive Social Security or disability benefits?
- () Yes () No 12. Now receive or expect to receive income from a pension or annuity?
- () Yes () No 13. Now receive or expect to receive regular contributions from organizations or from individuals not living in the unit? (Include the payment of rent and/or utilities.)
- () Yes () No 14. Receive income from assets including interest on checking or savings accounts, interest and dividends from certificates of deposit, stocks or bonds or income from rental property?

MEMBER NUMBER	SOURCE OF INCOME/TYPE OF INCOME	ANNUAL INCOME

ASSET INFORMATION

1. List all checking and saving accounts (including IRA's, Keogh accounts, and Certificates of Deposit) of all household members.

FAMILY MEMBER	BANK NAME	CHECKING/SAVINGS	ACCOUNT NUMBER	CURRENT BALANCE

2. List the value of all stocks, bonds, trusts, pension contributions, or other assets owned by any household member. _____

3. () Yes () No Do you own a home or other real estate?

4. () Yes () No Have you sold or given away real estate or other assets in the past two years?

If yes list the asset and the market value at the time you disposed of it: _____

5. () Yes () No Do you or any member of your household have life insurance? If yes, List the Insurance Company and Policy Number _____

EXPENSES

1. () Yes () No Do you incur child care expenses for the care of a child 12 or younger:

2. If yes, give name, address and phone number of childcare provider and the weekly cost.

Name: _____

Address: _____

Phone Number: _____

Weekly Cost: _____

3. () Yes () No Do you pay a care attendant or for any equipment for a handicapped or disabled household member(s) that is necessary to enable that person or someone else in the household to work?

4. If you pay a care attendant, provide their name, address, phone number and the weekly cost:

Name: _____

Address: _____

Phone Number: _____

Weekly Cost: _____

5. What is the nature and cost of any equipment? _____

FOR FAMILIES WHERE HEAD, SPOUSE OR CO-HEAD IS ELDERLY (62 or Older),
HANDICAPPED OR DISABLED:

1. () Yes () No Do you have Medicare?

If yes, what is your monthly premium? _____

2. () Yes () No Do you have any other kind of medical insurance?

If yes, provide the following information:

Name: _____

Address: _____

Phone Number: _____

Premium Amount: _____

3. () Yes () No Do you have outstanding medical bills on which you are paying?

If yes, list them below: _____

4. What medical expenses do you expect to incur in the next twelve months? _____

5. If you use the same pharmacy regularly, please provide the name and address:

Name: _____

Address: _____

PREVIOUS RENTAL HISTORY

Name and address of your present landlord:

Telephone No. _____

How long have you live there? _____

Reason for leaving? _____

Name and address of your former landlord:

Telephone No. _____

How long have you live there? _____

Reason for leaving? _____

Have you ever been evicted? () Yes () No If yes when and why? _____

EMPLOYMENT HISTORY

Name and address of your present employer

Telephone No. _____

Supervisor's Name _____

How long have you worked there? _____

Name and address of spouse or co-head employer

Telephone No. _____

Supervisor's Name _____

How long have you worked there? _____

EMERGENCY INFORMATION

Name and address of nearest relative NOT living with you.

Relationship: _____

Telephone No. _____

Name and address of person to be contacted in case of an emergency

Relationship: _____

Telephone No. _____

CRIMINAL HISTORY

Have you or any member of your household ever been arrested or convicted of a crime?

Head of Household
Spouse/Co-head

() Yes () No

() Yes () No

() Yes () No

() Yes () No

() Yes () No

() Yes () No

() Yes () No

() Yes () No

Note: For all yes answers please provide additional information, including the date, location and nature of the crime, on a separate sheet of paper

(List all family members)

STUDENT INFORMATION

Will any member of the household be enrolled as a full or part-time a student at an institution of higher education? () Yes () No

(If yes, completion of a Student Certification is required.)

APPLICANT CERTIFICATION

I/we represent and acknowledge that the landlord considers all information to be material in nature and understand that if selected for occupancy any false statements and/or information provided on this application will be deemed material non-compliance with my lease and grounds for eviction.

I/we certify that if selected to receive assistance, the unit I/we occupy will be my/our only residence. I/we understand that the above information is being collected to determine my/our eligibility. I/we authorize the owner/manager to verify all information provided on this application and to contact previous or current landlords or other sources for credit and verification information which may be released to appropriate Federal, state or local agencies. I/we certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/we understand that false statements or information are punishable under Federal law.

Signature of Head of Household

Date

Signature of Co-head of Household

Date

FOR OFFICAL USE ONLY

Date of Application	Time of Application	Head of Household	Unit Size	Income Level			Need for Accessible Unit		Comment /Contact	Removed /Rejected Date	Move-in Date	Preference Type
				ELI	VLI	LI	Y	N				

Manager

Date