

Income

Gross monthly income (Include spouse, if applicable).....	\$ _____	+			
TANF	\$ _____	+	Pension	\$ _____	+
SSI	\$ _____	+	Social Sec.	\$ _____	+
Unemployment	\$ _____	+	OTHER	\$ _____	+
Veteran Admin.	\$ _____	+			
			TOTAL	\$ _____	=

Assets

Does anyone in your household have any of the following types of assets? Please mark "yes" or "no."

Type of Asset	Check one		Type of Asset	Check one	
Checking Account	<input type="checkbox"/> Yes	<input type="checkbox"/> No	IRA/Keogh Account*	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Savings Account	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Retirement/Pension*	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cash	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Certificate of Deposit*	<input type="checkbox"/> Yes	<input type="checkbox"/> No

For each "Yes" marked on previous page, please complete the following:

Household Member Name	Type of Asset	Cash Value (see note)	\$ Asset will earn in next 12 months

NOTE: When listing the cash value of any of the items that have an asterisk, remember penalties for withdrawal, or any fees deducted to convert the asset to cash. E.G., If you owned a home and sold it, how much cash would you have after you paid off the mortgage, the realtor, etc? That is the amount to be listed in the "cash value" column.

Personal Information

Do you own a vehicle? _____ If yes, Make _____ Model _____ Year _____
 Driver's License # _____
 Do you have any pets? _____ If yes, specify _____
 Does you or your child play a musical instrument? _____
 Have you ever had any suits, judgments or collections filed against you? _____
 Have you ever been convicted of a felony? (Police Background Check required) _____
 Have you ever had a house or car repossessed? _____

Emergency Information

In case of an emergency notify: Name _____ Phone# _____
 Address _____ Relationship _____

Preference Certification (Check where applicable)

- I. Involuntarily displaced:
 - A. ___ By governmental action
 - B. ___ By a disaster (fire, flood, etc.)
 - C. ___ By private action beyond applicant's control
- II. Do you live in substandard housing? _____ (Verification required)
 **This includes dilapidated housing, inoperable plumbing, lack of electricity, inadequate source of heat, or been declared unfit for habitation by an agency or unit of government.
- III. Are you or your spouse enrolled in educational or Training Program? Yes or No (circle)

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Federal Privacy Act Statement

PURPOSE: Family income and other information is being collected by the Department of Housing and Urban Development (HUD) to determine an applicant's eligibility, the recommended unit size, and the amount the family must pay toward rent and utilities.

USE: HUD used family income and other information to assist in managing and monitoring HUD-assisted housing programs; to protect the government's financial interest; and to verify the accuracy of the information furnished. HUD or a public housing agency may conduct a computer match to verify the information you provided. This information may be released to appropriate federal, state, and local agencies, when relevant, and to civil, criminal or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law.

PENALTY: You must provide all of the information requested by the public housing agency, including all social security numbers you, and all other household members age six (6) years and older, have and use. Giving the social security numbers of all household members 6 years of age and older is mandatory, and not providing the social security numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

AUTHORITY FOR INFORMATION COLLECTION: The following laws authorize the collection of this information by HUD or the public housing agency: the U.S. Housing Act of 1937 (42 U.S.C., 1437 et seq.), Title VI of the Civil Rights Act of 1964, and Title VIII of the Civil Rights Act of 1968. The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and residents to submit the social security numbers of all household members at least six (6) years old.

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Applicant/Tenant Certification

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief. I understand that false statements and false information are punishable under federal and state laws. I also understand that false statements or information are grounds for denial of housing or assistance, termination of housing assistance and termination of tenancy. This application is made with the understanding that all it is to be processed for both credit and character references. I have no objection to inquiries for the purpose of verification of the preceding statement. **THIS INCLUDES A POLICE BACKGROUND CHECK.** I/we consent to the disclosure of income and financial information from my/our employer and financial references for purposes of income and asset verification related to my/our application for tenancy. It is understood that the above information will be held confidential. In addition, I understand that I must report all changes in writing including a change of address.

PLEASE SIGN BELOW

Head of Household _____

Date: __/__/__

Spouse's Signature _____

Date: __/__/__

Other Adult _____

Date: __/__/__

Interviewer: _____

Date: __/__/__

Updated April 2018