

OFFICE USE ONLY:

Date Rec'd: \_\_\_\_\_

Apt Size: \_\_\_\_\_

# APPLICATION

**NOTE TO APPLICANT:** In order for us to determine your eligibility, you must provide **all** information included in this questionnaire. This information is considered confidential and will only be used as necessary in determining your eligibility for a Federal Affordable Housing Program. **Providing false information may result in no eligibility for housing.**

Applicant Name:	Telephone Number: (    )
Address: _____ City, State & Zip Code: _____	Alternate Telephone Number: (    )

## HOUSEHOLD COMPOSITION

**Please read each question carefully, answer each question completely and be prepared to verify items checked "yes".**

List yourself and anyone who will live with you **within the next 12 months**. Be sure to include members temporarily away from home, including (but not limited to): dependents away at school, military persons stationed away from home that have a spouse or dependent in the home.

**Please list household members starting with Head of household on line 1, then in order of oldest to youngest.**

	Last Name, First Name	Relationship to head of Household	Birth Date	Age	Social Security Number	Student Status:			Marital Status: (Check One)					
						Full Time	Part Time	N/A	M	S	D	Sep	N/A	
1														
2														
3														
4														
5														
6														

**Marital Status: M- Married S- Single D- Divorced Sep- Separated N/A- Non Applicable**

- 1.) Do you anticipate any changes in the size of your household within the next 12 months?  Yes  No  
(Examples: a future spouse, a minor entering the home through adoption, children returning from foster care, etc.)  
 If yes, please describe any changes here: \_\_\_\_\_
  
- 2.) Will anyone under age 18 listed above live in the unit **less than** 50% of the next 12 months?  N/A  Yes  No  
(0-04)  
 If yes, please explain here: \_\_\_\_\_
  
- 3.) Does any member in your household have a disability and require a live-in care attendant?  Yes  No  
 3a.) Is Head or Co-Head of Household handicap, elderly, or disabled? \_\_\_ Yes \_\_\_ No  
 If yes, please list name of Household member: (verification is required) \_\_\_\_\_
  
- 4.) Does your household receive, or is it applying to receive, Section 8 rental or voucher assistance?  Yes  No

**Please read each question carefully, answer each question completely and be prepared to verify items checked yes.**

## STUDENT ELIGIBILITY QUESTIONS

- 5.) Are **ALL** members of your household full-time students?  Yes  No
  
- 6.) Will **ALL** members of your household be full-time students during any 5 months of this year?  Yes  No  
(Example: a student who goes to school full-time in any parts of January, February, April, October, & November)



7.) Will **ALL** members of your household be full-time students during any 5 months of next year?  Yes  No

8.) Is **ANY ADULT** member of your household a part or full time student in an institute of higher education?  Yes  No

If yes, who is enrolled? \_\_\_\_\_ Which school are they enrolled in? \_\_\_\_\_

How do they pay for their education? \_\_\_\_\_ What is the cost of tuition per semester? \$ \_\_\_\_\_

9.) Does **ANY ADULT** member of your household intend to become a student *within the next 12 months*?  Yes  No

If yes, who will be enrolling in school? \_\_\_\_\_

If yes, will they be enrolling as a full-time or part-time student? \_\_\_\_\_

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## ALIMONY / CHILD SUPPORT INFORMATION

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10.) Does any member of your household have a **COURT ORDER** to receive Child Support or Alimony payments, even if no child support or alimony is being received? (Case id#) \_\_\_\_\_  Yes  No

**IF "NO", SKIP TO QUESTION 12**

a.) Name of person with court order: \_\_\_\_\_ Payment Amount: \$ \_\_\_\_\_ per \_\_\_\_\_

b.) Name of person(s) paying child support / alimony: \_\_\_\_\_

Are the **FULL** court-ordered amount(s) being received?  Yes  No

If "**NO**", are you making efforts to collect the amounts due?  Yes  No

If "**YES**", please explain the efforts you're making here: \_\_\_\_\_

11.) Does any member of your household receive Child Support or Alimony payments that are **NOT COURT ORDERED**?

(This includes help from children's father or mother for clothes, groceries, etc.)  Yes  No

**IF "NO", SKIP TO NEXT SECTION**

a.) Payment Amount: \$ \_\_\_\_\_ per \_\_\_\_\_

b.) Name of person(s) paying support / alimony:  
\_\_\_\_\_ Phone: \_\_\_\_\_ for child: \_\_\_\_\_  
\_\_\_\_\_ Phone: \_\_\_\_\_ for child: \_\_\_\_\_

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## INCOME INFORMATION

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The questions regarding household income apply to all members of your household, including minors and those temporarily absent from the home.

YES <input type="checkbox"/>	NO <input type="checkbox"/>	TYPE OF INCOME	INCOME AMOUNT
		<b>13.) Is any member of the household employed?</b>	
		<b>Job 1.)</b> Who is employed? _____	AMT \$ _____
		What company? _____ Phone: _____	PER _____
		_____	
		<b>Job 2.)</b> Who is employed? _____	AMT \$ _____
		What company? _____ Phone: _____	PER _____
		<input type="checkbox"/> <b>Check if there are any additional jobs in the household</b> (attach a separate sheet with contact information)	
		<b>14.) Are any household members self-employed?</b>	
		Who is Self-employed? _____	AMT \$ _____
		What type of work does this person do? _____	PER _____
		<b>15.) Are any adult members of your household unemployed?</b>	
		Which adult members are unemployed? _____	



YES  NO

**16.) Does any household member receive pay from the military?**

Who is paid by the military? \_\_\_\_\_

AMT \$ \_\_\_\_\_

PER \_\_\_\_\_

Which branch of the military? \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

**17.) Does any household member receive any payments from the Social Security Administration?**

Which type:  SS  SSI  Other

AMT \$ \_\_\_\_\_

PER \_\_\_\_\_

Who receives payments from the Social Security Office? \_\_\_\_\_

**18.) Does any household member receive severance pay or worker's compensation?**

Who is receiving severance pay or worker's compensation? \_\_\_\_\_

AMT \$ \_\_\_\_\_

PER \_\_\_\_\_

What company pays them? \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

**19.) Is any household member unemployed and receiving payments from an Unemployment Agency?**

AMT \$ \_\_\_\_\_

PER \_\_\_\_\_

Who is receiving unemployment benefits? \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

**20.) Does any household member receive Public Assistance payments such as TANF or AFDC? (Please do not include Food Stamp benefits here.)**

AMT \$ \_\_\_\_\_

PER \_\_\_\_\_

Who is receiving TANF or AFDC benefits? \_\_\_\_\_

Caseworker: \_\_\_\_\_ Phone: \_\_\_\_\_

**21.) Does any household member receive periodic payments from a pension, annuity, or retirement benefit account?**

Please check one:  Pension  Annuity  Other Retirement

AMT \$ \_\_\_\_\_

PER \_\_\_\_\_

Who receives these benefits? \_\_\_\_\_

What company pays this person? \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

**22.) Does anyone outside of your household provide you with cash or contributions to help pay expenses that a Household would normally pay, such as rent, utility payments or groceries?**

AMT \$ \_\_\_\_\_

PER \_\_\_\_\_

What is the name of the person that pays you? \_\_\_\_\_

What is their address? \_\_\_\_\_

Phone Number? \_\_\_\_\_

**23.) Is there any other source of income we haven't already asked about above that you receive?**

AMT \$ \_\_\_\_\_

PER \_\_\_\_\_

Please Describe: \_\_\_\_\_

**24.) Does your household expect any changes in their income within the next 12 months?**

AMT \$ \_\_\_\_\_

PER \_\_\_\_\_

Please Describe: \_\_\_\_\_

**25.) Does your household receive long-term care insurance payments, in excess \$180 per day, for a family member residing in a long-term care facility?**

Which household member is in a long-term facility? \_\_\_\_\_

AMT \$ \_\_\_\_\_

PER \_\_\_\_\_

Which household member are the payments made to? \_\_\_\_\_

What company pays this person? \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

**26.) Do any adult members of your household have zero income?**

Which adult members have zero income? \_\_\_\_\_



## ACCOUNT / ASSET INFORMATION

The questions regarding household accounts / assets apply to all members of your household, including minors and those temporarily absent from the home.

YES  NO

### ACCOUNT INFORMATION

**27.) Does any household member have a Checking, Savings, CD or Money Market account?**

Bank 1.) Bank Name: \_\_\_\_\_ Name(s) on Account: \_\_\_\_\_  
 Account Type:  Checking  Savings  CD  Money Market

Bank 2.) Bank Name: \_\_\_\_\_ Name(s) on Account: \_\_\_\_\_  
 Account Type:  Checking  Savings  CD  Money Market

Check if there are additional accounts of these types belonging to the household. (attach a separate sheet with the bank name, account type and name(s) on the account)

**28.) Does any household member have Stocks, Bonds, Mutual Funds, Capital Investments or a Whole Life Insurance Policy (life insurance you can make withdrawals from even if there isn't a death. We do not count TERM insurance)?**

Institution Name: \_\_\_\_\_ Name(s) on Account: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Account Type:  Stocks  Bonds  Mutual Funds  Whole Life Insurance

**29.) Does any household member have an IRA, Keogh, 401k, Annuity or similar retirement account?**

Institution Name: \_\_\_\_\_ Name(s) on Account: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Account Type:  IRA  Keogh  401k  Other: \_\_\_\_\_

**30.) Does any household member have a Pension account that will pay upon retirement or termination of employment (NOT including IRA, Keogh, 401k or Annuity accounts)?**

Institution Name: \_\_\_\_\_ Name(s) on Account: \_\_\_\_\_

Contact/Phone: \_\_\_\_\_ Account Type: \_\_\_\_\_

**31.) Does any household member own any Real Estate?** (Include Rental Property, Primary Residence, Vacation Property, Time-Shares, Commercial Property and Property being sold by deed of trust or Contracts for Deed)

Property Owner(s): \_\_\_\_\_ Type of Property: \_\_\_\_\_

What is the name of the bank or institution with financial interest in this property? (Mortgage Holder, Contract Owner, etc.)

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**32.) Does any household member have personal property that they hold for investment purposes that they plan to sell at a Later date for profit?** (Examples include: coin or stamp collections, antique cars, jewelry, etc.)

Property Type: \_\_\_\_\_ Estimated Cash Value: \$ \_\_\_\_\_

**33.) Does any household member have a Trust Account?**

Institution Name: \_\_\_\_\_ Name(s) on Account: \_\_\_\_\_

Is this account Revocable or Non-Revocable Trust Account? \_\_\_\_\_ Contact Phone: \_\_\_\_\_

**34.) Does any household member have any Treasury Bills or Government Savings Bonds?** ([www.savingsbonds.gov](http://www.savingsbonds.gov))

Which household member: \_\_\_\_\_

Series: \_\_\_\_\_ Face Value: \$ \_\_\_\_\_ Serial Number: \_\_\_\_\_ Issue Date: \_\_\_\_\_

**35.) Does any household member have cash on hand or safe deposit boxes?**

Which household member? \_\_\_\_\_ What amount is kept on hand? \$ \_\_\_\_\_

**36.) Does any household member have any accounts or assets that were not described above?** (Please **DO NOT** include Personal use vehicles, furniture, clothing, etc.)

What type of account or asset is this? \_\_\_\_\_

What is the estimated value of this asset if you were to sell it today? \$ \_\_\_\_\_

**37.) In the past two years, has any household member given away any asset(s) for less than they were worth?** (Examples include property, transferring an asset account into someone else's name, charitable contributions etc.)

What was the estimated value of this asset? \$ \_\_\_\_\_

Current Landlord's Name \_\_\_\_\_



Address \_\_\_\_\_

Telephone \_\_\_\_\_ M/O Date \_\_\_\_\_ Rent Amount \$ \_\_\_\_\_

Previous Landlord's Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ M/O Date \_\_\_\_\_ Rent Amount \$ \_\_\_\_\_

**Personal References (Not related to Applicant) Provide Five (5)**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

## HOUSEHOLD CERTIFICATION

I understand that the information provided on this application will be used to determine my eligibility for housing. Under penalties of perjury, I certify that the information I provided is true and accurate to the best of my knowledge. I also understand that providing false information is considered fraud and punishable according to the law and may result in loss of my housing at this property.

I also understand that the information provided is considered confidential and will be used solely for the purpose of determining my eligibility or continued eligibility.

**CERTIFICATION: All household members who are 18 years of age, or will be 18 years of age within the upcoming 12 month period must sign below.**

\_\_\_\_\_  
Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Adult Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Adult Member

\_\_\_\_\_  
Date

**MANAGEMENT SIGNATURE:**

This application was accepted by:

\_\_\_\_\_  
Apartment Management / Owner's Agent

\_\_\_\_\_  
Date

**NOTE:** Section 1001 of Title 18 U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

**In keeping with the Fair Housing Act, we do not discriminate based on Familial Status, Race, Sex, Disability, Color, Religion or National Origin.**

*"This institution is an equal opportunity provider and employer."*

*If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov)."*

