

II. Household Composition (Continued)

No.	PRINT FULL NAME	RELATION TO HEAD	SEX (M or F)	DATE OF BIRTH	AGE	U.S. CITIZEN (Y or N)	SOCIAL SECURITY NUMBER	FULL/PART TIME STUDENT (Y or N)
3.								
4.								
5.								
6.								
7.								
8.								

Are any changes in your family composition anticipated? No Yes If Yes, explain: _____

Are there any household members absent from the home? No Yes If Yes, explain: _____

Do you have Zero (\$0.00) family income? No Yes (If Yes, you may be required to complete a Zero Income questionnaire)

III. Absent Parent Information - List **ALL** absent parent(s) for **ANY** children that will be living in your household. The application will be considered incomplete without this information.

FAMILY MEMBER NUMBER (See Pg. 1 or Above)	ABSENT FATHER'S/MOTHER'S NAME	ABSENT PARENT'S ADDRESS (Street or P.O. Box, City, State & Zip)	COMMENTS

IV. Military Information - is there any member of your household now serving active duty or reserve in the Military Service (Army, Navy, Air Force, Marines, etc.)? No Yes If Yes, give the following information on each military person:

FAMILY MEMBER NUMBER (See Pg. 1 or 2)	RANK	BRANCH OF SERVICE	ADDRESS OF MILITARY EMPLOYER

V. Rental History - Provide the information below for your current and two previous Landlords. Check the box here to indicate Not Applicable (N/A) if you have never rented/leased before.

1. Name of **Current** Landlord: _____

Mailing Address of Landlord: _____

Street City State Zip

Monthly Rent \$ _____ Number of Bedrooms: _____ Number of Persons in Household: _____

How long have you been a tenant of this Land lord? Years: _____ Months: _____

Do you owe any money to the Landlord named above? No Yes If Yes, amount owed \$ _____

V. Rental History (Continued)

2. Previous Residence Address : _____
Street City State Zip

Name of **Previous** Landlord: _____

Mailing Address of Landlord: _____
Street City State Zip

How long were you a tenant of this Landlord? Years: _____ Months: _____

3. Previous Residence Address : _____
Street City State Zip

Name of **Previous** Landlord: _____

Mailing Address of Landlord: _____
Street City State Zip

How long were you a tenant of this Landlord? Years: _____ Months: _____

VI. Marital Status/History -

1. Have you ever been married? No Yes If Yes, how many times? _____ Maiden Name: _____

2. Have you ever been separated? No Yes
 If Yes, from who: _____
Date Name Street Address City State Zip

3. Have you ever been divorced? No Yes
 If Yes, from who: _____
Date Name Street Address City State Zip

4. Are you widowed? No Yes
 If Yes, provide Social Security Number(s) of deceased: _____

5. Any additional comments: _____

VII. Additional Information -

1. Are you currently residing in a HUD-assisted unit of any kind? No Yes

2. Have you or any member of your household been evicted from a housing unit in the past 5 Years? No Yes

3. Have you ever applied for Public Housing/Section 8 or do you currently have a Section 8 Voucher? No Yes

4. Have you ever lived in Public Housing, Section 8 Housing, or any Federally Subsidized Housing where the rent is based on your income? No Yes
 If Yes, where (address): _____ When (dates): _____

5. Have you ever lived in housing that is referred to as the "PROJECTS"? No Yes

6. Do you certify, if you are eligible for this housing program, that this will be your primary residence? No Yes

7. **Do you owe money to a Public Housing Authority, Section 8 Housing Program, or any Federally Subsidized Housing Program? No Yes If Yes, how much \$ _____**

VIII. Program Information -

- 1. Have you or any member of the household ever used a name or Social Security number other than the one you are using now? No Yes If Yes, explain: _____
- 2. Do you or any member of the household currently own a pet? No Yes
- 3. Do you or any member of the household smoke or use any tobacco products? No Yes
- 4. Are you or any household member currently engaging in the use of illegal substances? No Yes (**Note: This is a federally subsidized program, and regardless of state laws, marijuana is illegal according to federal law)
- 5. Is the use or abuse of any illegal substance or alcohol abuse by you or any household member likely to disturb the right to peaceful enjoyment of the property by other residents, interfere with staff or management, or damage property? No Yes
- 6. Are you or any member of the household subject to a state lifetime sex offender registry? No Yes
- 7. Have you or any family member listed on this application **ever been CONVICTED of any crime?** No Yes
- 8. If you answered Yes to question #7. above, explain in detail: _____

!!!NOTE!!! - You are advised that criminal records will be verified through local, state and federal law enforcement crime information data systems. The CHA primarily conducts a nation wide criminal background check through the FBI's National Crime Information Center (NCIC). Giving false information on your application is considered fraud and will result in the cancellation of your application or eviction if you have been housed. Applicants will be required to provide supplemental information to document any mitigating circumstances, dispute crime data, or show disposition of any open cases that are listed in NCIC or other criminal databases.

IX. Applicant/Tenant Vehicle Information - Check the box here to indicate Not Applicable (N/A) if you will not be parking a motorized vehicle (car, truck, van, suv, motorcycle, etc.) on the streets within the Housing Authority. **Note: All vehicles parked on City streets within the CHA are required to obtain and display a parking permit sticker.**

- 1. Vehicle Information:
Year/Make/Model: _____ License Plate Number: _____
Color: _____ Vehicle Identification Number (VIN): _____
Liability Insurance Provider: _____
- 2. Are you the registered owner of this vehicle? No Yes If No, complete the following information:
Name and address of owner: _____
Name Street City State Zip

X. Other Information -

Name of your relative that lives nearest to you: _____ Relationship: _____
Address of relative: _____
Street City State Zip
Telephone number(s): _____

XI. Subsidy Acknowledgment

Please check one of the following boxes:

- 1. I have indicated on this application that I am receiving subsidy at my current residence.
- 2. I have indicated on this application that I am NOT receiving subsidy at my current residence.

If box 1. is checked above, please read and initial all of the statements below:

Initial _____ I understand that I must move out of my current residence and turn in keys to the office staff prior to moving into the apartment for which I am applying.

Initial _____ I also understand that if I fail to complete the move-out process at my current residence before I move into this property, no rent subsidy or utility allowance will be provided to me by HUD at this property until the day after the move-out is completed at the previous residence.

Initial _____ If this is the case, I understand that I will be responsible for paying the market rent until I qualify to receive subsidy.

APPLICANT/RESIDENT CERTIFICATION

WARNING: Section 1001 of Title 18 of the 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.

I/We **certify** that, to my knowledge, all information given to the Chickasaw Housing Authority in this application is true, correct, and complete. I/We understand and acknowledge that, if the information I have provided is not true, housing assistance or housing will not be provided, and I/We will be declared ineligible. I/We understand that after the information in this application is verified, it will be submitted to the U.S. Department of Housing and Urban Development (HUD) on Form HUD-50059 (the Federal Privacy Act Statement contains additional information concerning the authorized use of this information). I/We authorize consent to have the staff of the Chickasaw Housing Authority to verify this information for the purpose of determining eligibility. I/We authorize the Chickasaw Housing Authority to submit inquiries necessary for the purpose of verifying the facts herein stated. I/We will provide all necessary information including source names, addresses, phone numbers, and account numbers where applicable, and any other information required to expedite this process.

I/We further certify that I do not expect any changes in the information provided above or on the attached documents. Should my information change, I/We will notify Chickasaw Housing Authority immediately. I/We acknowledge that failure to do so may cause delays in processing of my household for occupancy or may result in cancellation of my household's application for occupancy.

Signature: _____
Head of House

Date: _____

Signature: _____
Spouse or Other Adult

Date: _____

Signature: _____
Other Adult

Date: _____

CHA Representative: _____

Note: If you believe that you have been discriminated against, you may report the incident by calling the Fair Housing and Equal Opportunity toll-free hotline at 1(800)669-9777, or by asking the Chickasaw Housing Authority to provide you with a HUD Housing Discrimination Complaint Form (HUD-903).

Applying for Assisted Housing

Your eligibility will be determined based on the information you provide in the application and you will be notified whether we have accepted or denied your application. If there isn't a unit available at the time we determine your program eligibility, you will be placed on the waiting list.

Chickasaw Housing Authority is committed to the nondiscrimination provisions of the Fair Housing Act, Section 504 of the Americans with disabilities Act (ADA), and other applicable fair housing laws. If you require an accommodation to enable you to participate in our housing program, please let us know, and we will make every effort to assist you in the fullest. Chickasaw Housing Authority does not discriminate on the basis of disability in the admission or access to, or treatment or employment in its federally assisted programs and activities. The person named below is designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR Part 8).

Michael P. Sweet
Executive Director
604 Dumont Street
Chickasaw, AL. 36611
(251)457-6841

THIS INSTITUTION IS AN EQUAL OPPORTUNITY PROVIDER AND EMPLOYER

Federally assisted recipients are required to make reasonable efforts to provide language assistance to ensure meaningful access for Limited English Proficiency persons to the recipient's programs and activities. Please come into our office if you need language assistance to read forms, or if you need an interpreter in order to communicate with our staff.

1st Step - Complete the application document (see instructions below).

General Information

- The online application is a fillable PDF document, which requires the Adobe Acrobat program. Your computer should already have Adobe Acrobat on it. However, if your computer does not have this program, it is readily available online for free. All of your information (except signatures) can be typed into the application document while online. The completed application document can then be printed out on 8.5 in. x 11 in. white paper. This function has been provided in an effort to save you time and money by eliminating a trip to our office to pick up the application package and preventing errors that might cause the application to be considered incomplete.
- If you prefer, you may print a blank online application or pick up an application package at our office and complete it by hand (in **ink** only).
- The application should be truthfully and thoroughly completed. Untruthful or misleading statements on the application is considered fraud and will result in derogatory action up to and including application cancellation, eviction, and/or criminal prosecution.
- Before returning the application, make sure that all items are completed in full. If a question does not apply to you write N/A in the blank for Not Applicable to you or your household.

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I. Applicant Information - This portion of the document is where the individual completing the application should reflect their name and contact information. This information is vital when we need to contact you regarding the status of your application. You should ensure that this information always remains accurate and immediately update it with our office if any changes occur.

II. Household Composition - The member of your household that will be the primary contact point for the family should be listed in position number 1, which is designated Head of Household. The other members of the household should be listed in the remaining positions (2 - 8), as applicable. **ALL PERSONS THAT WILL BE LIVING OR STAYING IN YOUR HOUSEHOLD MUST BE LISTED. PURPOSEFULLY OMITTING PERSONS THAT WILL LIVE OR STAY IN YOUR HOUSEHOLD IS CONSIDERED FRAUD AND WILL RESULT IN DEROGATORY ACTION UP TO AND INCLUDING APPLICATION CANCELLATION, EVICTION, AND/OR CRIMINAL PROSECUTION.**

****Note: HUD regulation prohibits the collection of gender data as a requisite of applying for assistance. Our collection of this data is entirely for the purpose of gathering background or screening information. Failure to provide gender data MAY hinder the collection of background reports and delay processing of the application.**

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II. Household Composition (Continued) - Additional space to list household members if needed.

III. Absent Parent Information - List the parent(s) of any child in your household that will not reside with you and the child. Applications without this information will be considered incomplete and Refusal to provide this information will result in application cancellation. *Example: Jane Doe and John Doe are divorced and have separate households. Jane Doe and John Doe have a juvenile son Jimmy. Jane Doe has custody of Jimmy at least 50% of the time and has submitted an application for housing listing Jimmy in position 2 on the Household Composition portion of the application. Therefore, John Doe's information must be listed in the Absent Parent portion of the application. The number of the position the child is listed in the Family Composition portion of the application should be reflected in the FAMILY MEMBER NUMBER column (see below).*

FAMILY MEMBER NUMBER (See Pg. 1 or Above)	ABSENT FATHER'S/MOTHER'S NAME	ABSENT PARENT'S ADDRESS (Street or P.O. Box, City, State & Zip)	COMMENTS
2	John Doe	1234 Main Street, Timbuktu, AL. 55667	None

IV. Military Information - Answer the questions in this portion of the application by marking the appropriate box. Complete this portion of the application for any household member that is serving active or reserve duty.

V. Rental History - The information in this section will be used to screen housing applicants and must be complete and accurate to ensure eligibility. Information in this section will be cross referenced with the Equifax credit report to ensure full and complete disclosure of prior rental history. If you have never rented/leased an apartment or home in the past, check the box at the top for Not Applicable (N/A). If you are currently renting/leasing, complete part 1. If you have rented/leased in the past but are not currently renting/leasing, then complete part 2 and part 3 - if more than one past Landlord. If you are currently renting/leasing and have rented/leased multiple times in the past, complete parts 1, 2 and 3. Complete this portion of the application by marking the appropriate boxes and filling in the blanks.

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V. Rental History (Continued) - Additional space to list information if needed.

VI. Marital Status History - Complete this portion of the application by marking the appropriate boxes and filling in the blanks.

VII. Additional Information - Complete this portion of the application by marking the appropriate boxes and filling in the blanks.

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VIII. Program Information - Complete this portion of the application by marking the appropriate boxes and filling in the blanks. The information in this section will be used to screen housing applicants and must be complete and accurate to ensure eligibility. Most of the questions in this section concern CRIMINAL ACTIVITY. If you or a household member have ever been CONVICTED OF A CRIME **regardless of the type of offense - you must answer in the affirmative.** Give explanation(s) regarding criminal record in the space provided in part 8 of this section. PURPOSEFULLY OMITTING INFORMATION REGARDING CRIMINAL INFORMATION IS CONSIDERED FRAUD AND WILL RESULT IN DEROGATORY ACTION UP TO AND INCLUDING APPLICATION CANCELLATION, EVICTION, AND/OR CRIMINAL PROSECUTION.

IX. Applicant/Tenant Vehicle Information - Complete this portion of the application by marking the appropriate boxes and filling in the blanks. If you intend to park a motorized vehicle on the streets within the Housing Authority, this section must be completed. Vehicles that do not have a CHA issued permit that are found parked on streets within the CHA may be ticketed.

X. Other Information - Complete this portion of the application by filling in the blanks. This family information should be a local and reliable alternate contact point that can be notified if we are having difficulty getting in touch with you.

XI. Subsidy Acknowledgment - Completion this portion of the application by marking the appropriate box and, if applicable, initialing beside each of the three statements.

Signatures - Leave the signature blanks unsigned. The application must be signed in the presence of a Housing Authority staff member at the time the application is submitted to our office. All adult family members will be required to sign and date the application.

2nd Step - Submit your application at our office and complete the supplementary documents (see instructions below).

- Applications are accepted in our office located at 604 Dumont Street, Chickasaw, Alabama on **Wednesday's only** from the hours of **8:00 A.M. - 11:00 A.M. and 1:00 P.M. - 4:00 P.M.**
- Applications are not accepted on any Wednesday that lands on the last working day of the month or the 3rd calendar day of the month.
- State of Alabama law requires that persons must be at least 19 years of age to enter into a written contract to include a lease. The only exceptions to this are legally married couples, one of whom is at least 18 years of age (marriage license required), or persons who have been emancipated by court order. Applications from persons who do not meet the requirements stipulated by state law will be declined.
- Bring the following documents with you:
 - Valid Driver's License or Government Issued ID Card (**MUST Have with you on the day of application submission for all adults**) *originals only*
 - Social Security Card (**MUST Have with you on the day of application submission for Everyone in household**) *originals only*
 - Birth Certificates for everyone in the household *originals only*
 - Marriage license/Divorce Decree/Death Certificate (if applicable)
 - If you are on SS or SSI, bring your award letter(s)
 - If you are on TANF we need a copy of your award letter
- **You MUST have a VALID Driver's License or Government Issued ID Card and original/legible Social Security Cards (for EVERYONE that will be on the application) when the application is returned. Applications WILL NOT be processed without these documents.**
- **The processing of an application includes, but is not limited to: Prior landlord verifications, police background check and a credit check, on all adults age 18 and up. Your application can be cancelled if negative reports are received on any one of these three items.**
- **Return all forms included with your application to the Chickasaw Housing Authority Office.**
- **Application CANNOT be faxed, mailed, brought in by someone else, etc. ; it must be returned in person.**
- Once you have been called into the Office Interview Room, it will take approximately 30 - 45 minutes to complete the application process so plan accordingly.

Certification of Income, Assets & Expenses

All sources of income and assets must be fully disclosed to evaluate eligibility for federal rental assistance programs. Some household expenses may be eligible for deduction.

I. Employment Income - Do you have Zero (\$0.00) family income? No Yes (If Yes, you may be required to complete a Zero Income questionnaire)

List **ALL** employment income (including self-employment) for each household member:

FAMILY MEMBER NAME	NAME, ADDRESS & PHONE NUMBER OF EMPLOYER	OCCUPATION	HOURLY PAY RATE	PAY PERIOD (Ex. Weekly, Bi-weekly, Etc.)	HOURS WORKED PER PAY PERIOD
1.					
2.					
3.					
4.					

Do you have a household member who is absent from the home due to any of the following reasons - Employment, Military Service, Placement in Foster Care, Temporary Confinement in Nursing Home or Hospital, Permanent Confinement in Nursing Home, Away at School, or Other Reasons No Yes If Yes, please explain: _____

II. Other Income - List **ALL** other sources of income: examples include (but are not limited to) - Welfare/TANF, Social Security, SSI, pensions, survivor benefits, disability compensation, food stamps, unemployment compensation, self-employment, baby-sitting, daycare subsidy, child support, alimony, annuities, interest, dividends, income from rental property, Armed Forces or Military Reserve, VA Benefits, cash or in kind contributions from individuals, scholarships, or grants. **You must include alimony and/or child support that you are entitled to but may not be receiving.**

FAMILY MEMBER NAME	SOURCE OF INCOME	AMOUNT OF INCOME	FREQUENCY RECEIVED (Ex. Weekly, Bi-weekly, Monthly, Etc.)

III. Bank Information - list any/all checking, savings, credit union, certificate of deposit accounts, etc.

FAMILY MEMBER NAME	TYPE OF ACCOUNT	BANK	ACCOUNT NUMBER	CURRENT BALANCE

Do you own:

1. Stocks or Bonds - No Yes If Yes, current value: \$ _____
2. Savings Bonds - No Yes If Yes, current value: \$ _____
3. Real Estate (land or houses) - No Yes If Yes, current value: \$ _____
 Have you **EVER** owned real estate? - No Yes If Yes, when: _____
4. Life Insurance or Retirement Account(s) - No Yes If Yes, current value(s): \$ _____
5. Has any household member sold or disposed of any asset for less than fair market value within the past 2 years? No Yes

IV. Expenses -

Special Needs:

1. For determining allowable income deductions, does any member of your household have a disability? No Yes
2. Does any member of your household require special accommodations? No Yes If Yes, what special accommodations are needed: _____
3. Do you have a live-in attendant? No Yes If Yes, list their name here: _____
4. Do you pay for a care attendant or for any equipment for any member with a disability in order to permit that person or someone else in the family to work? No Yes If Yes, describe expenses: _____

Medical:

1. Are you paying for Medicare benefits? No Yes If Yes, monthly amount paid \$ _____
2. Are you receiving medical assistance through the welfare department (DHR)? No Yes
If Yes, monthly amount of benefits \$ _____
3. Do you pay out-of-pocket for any medical insurance/hospitalization (such as BlueCross)? No Yes
If Yes, indicate amount per payment: weekly \$ _____ OR bi-weekly \$ _____ OR monthly \$ _____
4. Are you making payments on outstanding medical bills? No Yes If Yes, amount paid per month \$ _____
5. Do you pay out-of-pocket for any prescription drugs on a regular basis? No Yes
If Yes, amount paid per month \$ _____

Utilities:

If you pay for your own utilities, check the box beside the utilities listed below that are paid by you and indicate the amount. If you do not pay for **ANY** of the utilities listed, check the box here to indicate Not Applicable (N/A).

1. Electricity: No Yes If Yes, monthly amount \$ _____
2. Gas: No Yes If Yes, monthly amount \$ _____
3. Water: No Yes If Yes, monthly amount \$ _____
4. Sewage: No Yes If Yes, monthly amount \$ _____
5. Garbage: No Yes If Yes, monthly amount \$ _____
6. Phone: No Yes If Yes, monthly amount \$ _____
7. Cell Phone: No Yes If Yes, monthly amount \$ _____
8. Cable TV: No Yes If Yes, monthly amount \$ _____
9. Other - _____ : No Yes If Yes, monthly amount \$ _____

Childcare:

1. Do you pay out-of-pocket for childcare expenses to allow a family member to work or go to school? No Yes
If Yes, list the childcare provider's - Name: _____
Mailing Address: _____
Telephone Number(s): _____
2. Childcare/Baby-sitting Cost: **weekly** \$ _____ OR **monthly** \$ _____
3. Do you receive assistance for childcare costs (Ex. Childcare South, family contributions, etc.)? No Yes
If Yes, who provides your childcare assistance? _____
Value of childcare assistance: **weekly** \$ _____ OR **monthly** \$ _____

V. Other -

1. Do you expect changes in your household in the next 6 months due to - Pregnancy, Adopting a Child(ren), Obtaining Custody of a Child(ren), Obtaining Custody of a Child(ren), Obtaining Joint Custody of a Child(ren), Receiving a Foster Child(ren), or Other Reasons? No Yes If Yes, list date(s) of expected change(s) here: _____

2. Are you or anyone in your household currently a student, have you been a student, or anticipate becoming a student in this calendar year? No Yes If Yes, will you be a ? Full-Time or Part-Time Student? List dates of attendance:

APPLICANT/RESIDENT CERTIFICATION

WARNING: Section 1001 of Title 18 of the 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.

I/We **certify** that, to my knowledge, all information given to the Chickasaw Housing Authority in this document is true, correct, and complete. I/We understand and acknowledge that, if the information I have provided is not true, housing assistance or housing will not be provided, and I/We will be declared ineligible. I/We understand that after the information in this application is verified, it will be submitted to the U.S. Department of Housing and Urban Development (HUD) on Form HUD-50059 (the Federal Privacy Act Statement contains additional information concerning the authorized use of this information). I/We authorize consent to have the staff of the Chickasaw Housing Authority to verify this information for the purpose of determining eligibility. I/We authorize the Chickasaw Housing Authority to submit inquiries necessary for the purpose of verifying the facts herein stated. I/We will provide all necessary information including source names, addresses, phone numbers, and account numbers where applicable, and any other information required to expedite this process.

I/We further certify that I do not expect any changes in the information provided above or on the attached documents. Should my information change, I/We will notify Chickasaw Housing Authority immediately. I/We acknowledge that failure to do so may cause delays in processing of my household for occupancy or may result in cancellation of my household's application for occupancy.

Signature: _____
Head of House

Date: _____

Signature: _____
Spouse or Other Adult

Date: _____

Signature: _____
Other Adult

Date: _____

CHA Representative: _____

Note: If you believe that you have been discriminated against, you may report the incident by calling the Fair Housing and Equal Opportunity toll-free hotline at 1(800)669-9777, or by asking the Chickasaw Housing Authority to provide you with a HUD Housing Discrimination Complaint Form (HUD-903).

Completing the Certification of Income, Assets & Expenses Form

I. Income Information - This information in this section must be complete and accurate to ensure eligibility. Answer the questions in this portion of the application by marking the appropriate boxes and filling in the blanks. List **ALL** employment income - Complete this portion of the application for any household members that works a wage paying job, including self-employment. *Example: Bob Smith and Sara Smith have submitted an application for housing. Bob works for XYZ Construction Company and Sara works for S&S Cash and Carry.*

FAMILY MEMBER NAME	NAME, ADDRESS & PHONE NUMBER OF EMPLOYER	OCCUPATION	HOURLY PAY RATE	PAY PERIOD (Ex. Weekly, Bi-weekly, Etc.)	HOURS WORKED PER PAY PERIOD
Bob Smith	XYZ Construction Co., P.O. Box 1, Mobile, AL. 36666 555-5656	Carpenter	\$10.00	Bi-weekly	80
Sara Smith	S&S Cash & Carry, Mobile, AL. 555-2323	Cashier	\$7.25	Weekly	25

II. Other Income - List **ALL** other sources of income - Complete this portion of the application for any household member that receives non-wage income, including any income that you are entitled to but may not be receiving. *Example: Bob and Sara Smith have submitted an application for housing. Bob and Sara have a son together named David. David is handicapped and receives Social Security Income (SSI). Sara also has a daughter named Anna Jones from a previous marriage, who she receives court ordered child support for.*

FAMILY MEMBER NAME	SOURCE OF INCOME	AMOUNT OF INCOME	FREQUENCY RECEIVED (Ex. Weekly, Bi-weekly, Monthly, Etc.)
David Smith	Social Security Income	\$595.00	Monthly
Anna Jones	Child Support	\$100.00	Monthly

III. Bank Information - Complete this portion of the application for any household member that has any account(s) with a bank or credit union. Answer the questions concerning assets and investments (stocks, bonds, real-estate, insurance, etc.) by marking the appropriate box.

IV. Expenses - The information in this section must be complete and accurate to ensure that you are receiving all eligible deductions. Answer the questions in this portion of the application by marking the appropriate boxes and filling in the blanks.

V. Other - The information in this section is used to anticipate changes that may influence deductions and apartment eligibility prior to the applicant being housed. Answer the questions in this portion of the application by marking the appropriate boxes and filling in the blanks. Failure to complete this section accurately could result in delays in an offer of assistance.

Signatures - Leave the signature blanks unsigned. The application must be signed in the presence of a Housing Authority staff member at the time the application is submitted to our office. All adult family members will be required to sign and date the application.