

Application For Admission

I. Applicant Information

Applicant Name: _____ SSN: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Message Phone: _____ Household Size: _____ Emancipated Minor? Yes No

Accessibility Features Requested: Vision Hearing Wheelchair Physical

Pet Information: Cat Dog Other _____

Mailing Address Same as Current Address? Yes No

Address: _____ City: _____ State: _____ Zip: _____

Current Information: Lived There From: _____ To: _____ Number of Bedrooms: _____ Rent: _____

Reason for Moving: About to be or Without Housing Sub-Standard Housing Other (Please Specify)

Current Landlord: Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Current Utility Information

Gas Company: _____ Deposit: _____

Electric Company: _____ Deposit: _____

Water Company: _____ Deposit: _____

II. Previous Information

Previous Address: _____ City: _____ State: _____ Zip: _____

Lived There From: _____ To: _____ Number of Bedrooms: _____ Rent: _____

Previous Landlord: Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Previously Lived in Public Housing? Yes No Previous HA Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Lived There From: _____ To: _____

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Waiting List Applied For	Application Number	Application Date/Time	Beds Applied

III. Program Integrity

1. Has anyone in your household been arrested or convicted for the use, sale, manufacture, or distribution of controlled substances (drugs)? Yes No
2. Does anyone in your household currently use a controlled or illegal drug? Yes No
3. Has anyone in your household ever been convicted of a felony or arrested for violent criminal activity? Yes No
4. Does anyone outside of your household pay for any of your bills or expenses? Yes No

If Yes: Who? When? For What? _____

If Yes: Please Explain: _____

If Yes: Who? When? For What? _____

If Yes: Who? When? For What? _____

IV. Family Composition Information

	Name	SSN	Student	Relation to Head	Birthdate
Head					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

(Mark as Needed)

Head	Birthplace	Gender (M/F)		Race					Ethnicity Hispanic?				Eligibility				Alien Registration		Handicap Disabled	
		1	2	3	4	5	EC	EN	IN	PV										
2																				
3																				
4																				
5																				
6																				
7																				
8																				
9																				
10																				
11																				
12																				

Eligibility Codes: EC: Eligible Citizen EN: Eligible Noncitizen IN: Ineligible Noncitizen PV: Eligibility Pending

Race Codes: 1: White 2: Black/African American 3: American Indian/Alaska Native 4: Asian 5: Native Hawaiian/Other Pacific Islander

V. Employment/Income Information

Enter each type of income that any household member will have in the next year.

Income Type Codes:

P: Pension **M:** Military Pay **T:** TANF **W:** Other Wages **I:** Indian Trust/per capita
B: Own Business **S:** SSI **HA:** PHA Wages **C:** Child Support **N:** Other Non-wage Source
SS: Social Security **F:** Federal Wages **G:** General Assistance **U:** Unemployment Benefits **E:** Medical Reimbursement
IW: Annual Imputed Welfare Income

Family Member Name: _____ Source/Company: _____
 Telephone: _____ Position: _____ Start Date: _____ How Long: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Income Type: _____ Income Amount: _____
 Income Per: Hour: _____ Week: _____ Month: _____ Year: _____ Weeks per Year: _____ Hours per Week: _____

Family Member Name: _____ Source/Company: _____
 Telephone: _____ Position: _____ Start Date: _____ How Long: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Income Type: _____ Income Amount: _____
 Income Per: Hour: _____ Week: _____ Month: _____ Year: _____ Weeks per Year: _____ Hours per Week: _____

Family Member Name: _____ Source/Company: _____
 Telephone: _____ Position: _____ Start Date: _____ How Long: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Income Type: _____ Income Amount: _____
 Income Per: Hour: _____ Week: _____ Month: _____ Year: _____ Weeks per Year: _____ Hours per Week: _____

Family Member Name: _____ Source/Company: _____
 Telephone: _____ Position: _____ Start Date: _____ How Long: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Income Type: _____ Income Amount: _____
 Income Per: Hour: _____ Week: _____ Month: _____ Year: _____ Weeks per Year: _____ Hours per Week: _____

Family Member Name: _____ Source/Company: _____
 Telephone: _____ Position: _____ Start Date: _____ How Long: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Income Type: _____ Income Amount: _____
 Income Per: Hour: _____ Week: _____ Month: _____ Year: _____ Weeks per Year: _____ Hours per Week: _____

Family Member Name: _____ Source/Company: _____
 Telephone: _____ Position: _____ Start Date: _____ How Long: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Income Type: _____ Income Amount: _____
 Income Per: Hour: _____ Week: _____ Month: _____ Year: _____ Weeks per Year: _____ Hours per Week: _____

Family Member Name: _____ Source/Company: _____
 Telephone: _____ Position: _____ Start Date: _____ How Long: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Income Type: _____ Income Amount: _____
 Income Per: Hour: _____ Week: _____ Month: _____ Year: _____ Weeks per Year: _____ Hours per Week: _____

V. Employment/Income Information Continued

Family Member Name: _____ Source/Company: _____
Telephone: _____ Position: _____ Start Date: _____ How Long: _____
Address: _____ City: _____ State: _____ Zip: _____
Income Type: _____ Income Amount: _____
Income Per: Hour: _____ Week: _____ Month: _____ Year: _____ Weeks per Year: _____ Hours per Week: _____

Family Member Name: _____ Source/Company: _____
Telephone: _____ Position: _____ Start Date: _____ How Long: _____
Address: _____ City: _____ State: _____ Zip: _____
Income Type: _____ Income Amount: _____
Income Per: Hour: _____ Week: _____ Month: _____ Year: _____ Weeks per Year: _____ Hours per Week: _____

VI. Asset Information

Enter the assets that your household currently possesses, or has disposed of within the last two years for less than fair market value. Enter the anticipated or actual income from each asset next to Annual Income.

Family Member Name: _____ Source: _____
Contact: _____ Telephone: _____
Address: _____ City: _____ State: _____ Zip: _____
Description of Asset: _____ Cash Value: _____ Annual Income: _____

Family Member Name: _____ Source: _____
Contact: _____ Telephone: _____
Address: _____ City: _____ State: _____ Zip: _____
Description of Asset: _____ Cash Value: _____ Annual Income: _____

Family Member Name: _____ Source: _____
Contact: _____ Telephone: _____
Address: _____ City: _____ State: _____ Zip: _____
Description of Asset: _____ Cash Value: _____ Annual Income: _____

Family Member Name: _____ Source: _____
Contact: _____ Telephone: _____
Address: _____ City: _____ State: _____ Zip: _____
Description of Asset: _____ Cash Value: _____ Annual Income: _____

Family Member Name: _____ Source: _____
Contact: _____ Telephone: _____
Address: _____ City: _____ State: _____ Zip: _____
Description of Asset: _____ Cash Value: _____ Annual Income: _____

VII. Expenses

Enter any Medical, Child Care or Handicapped Expenses that your household currently has.

Family Member Name: _____ Payee: _____
Contact: _____ Telephone: _____
Address: _____ City: _____ State: _____ Zip: _____
Expense Type: _____ Expense Cost: _____ Expense Per: Week: _____ Month: _____ Year: _____

Family Member Name: _____ Payee: _____
Contact: _____ Telephone: _____
Address: _____ City: _____ State: _____ Zip: _____
Expense Type: _____ Expense Cost: _____ Expense Per: Week: _____ Month: _____ Year: _____

Family Member Name: _____ Payee: _____
Contact: _____ Telephone: _____
Address: _____ City: _____ State: _____ Zip: _____
Expense Type: _____ Expense Cost: _____ Expense Per: Week: _____ Month: _____ Year: _____

Family Member Name: _____ Payee: _____
Contact: _____ Telephone: _____
Address: _____ City: _____ State: _____ Zip: _____
Expense Type: _____ Expense Cost: _____ Expense Per: Week: _____ Month: _____ Year: _____

Family Member Name: _____ Payee: _____
Contact: _____ Telephone: _____
Address: _____ City: _____ State: _____ Zip: _____
Expense Type: _____ Expense Cost: _____ Expense Per: Week: _____ Month: _____ Year: _____

Family Member Name: _____ Payee: _____
Contact: _____ Telephone: _____
Address: _____ City: _____ State: _____ Zip: _____
Expense Type: _____ Expense Cost: _____ Expense Per: Week: _____ Month: _____ Year: _____

Family Member Name: _____ Payee: _____
Contact: _____ Telephone: _____
Address: _____ City: _____ State: _____ Zip: _____
Expense Type: _____ Expense Cost: _____ Expense Per: Week: _____ Month: _____ Year: _____

Family Member Name: _____ Payee: _____
Contact: _____ Telephone: _____
Address: _____ City: _____ State: _____ Zip: _____
Expense Type: _____ Expense Cost: _____ Expense Per: Week: _____ Month: _____ Year: _____

VIII. References

Enter references that can be contacted to determine housing suitability.

Bank References

Bank 1: _____ Telephone: _____

Address: _____ City: _____ State: _____ Zip: _____

Checking Account Number: _____ Savings Account Number: _____

Bank 2: _____ Telephone: _____

Address: _____ City: _____ State: _____ Zip: _____

Checking Account Number: _____ Savings Account Number: _____

Credit References

Name: _____ Telephone: _____

Address: _____ City: _____ State: _____ Zip: _____

Account Number: _____

Name: _____ Telephone: _____

Address: _____ City: _____ State: _____ Zip: _____

Account Number: _____

Name: _____ Telephone: _____

Address: _____ City: _____ State: _____ Zip: _____

Account Number: _____

Personal References

Emergency Contact: _____ Telephone: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____ Telephone: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____ Telephone: _____

Address: _____ City: _____ State: _____ Zip: _____

IX. Certification of Information

WARNING! Title 18, Section 1001 of the United States Code, states that a person who knowingly and willingly makes false or fraudulent statements to any Department or Agency of the U.S. government is guilty of a felony.

I understand that any misrepresentation of information or failure to disclose information requested in this application may disqualify me from consideration for admission or participation, and may be grounds for eviction or termination of assistance.

I do hereby certify that the above information is true, accurate, and complete to the best of my knowledge.

Applicant: _____ Date: _____

Co-applicant: _____ Date: _____

Other member over 18: _____ Date: _____

Other member over 18: _____ Date: _____

Other member over 18: _____ Date: _____

Other member over 18: _____ Date: _____

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Management Code: _____				Caseworker: _____			
Offers/Vouchers							
Unit Number/Voucher	Waiting List	Beds	Fund ID	Date Offered	Response	Response Date/Time	Initials