

**OFFICIAL USE ONLY**

- Criminal
- Landlord
- SB
- SV/HH

## APPLICATION FOR PUBLIC HOUSING

**PART A: INFORMATION ABOUT MEMBERS OF THE HOUSEHOLD**

List all **persons age 18 or older** (head/spouse/co head regardless of age) who will be living in the home, beginning with the head of household. Each box must be completed for each member. No one except those listed on this form may live in the unit.

NAME	Relation to Head	US Citizen Y/M	Disabled? Y/N	Sex M/F	Date of Birth	Soc. Security # or Alien Registration #
1.	<b>HEAD</b>					
2.						
3.						
4.						
5.						

**CHILDREN 17 AND YOUNGER** List all children who will be living in the home, oldest to youngest.

NAME	Relation to Head	US Citizen Y/N	Disabled? Y/N	Sex M/F	Date of Birth	Soc. Security # or Alien Registration #	School Name
6.							
7.							
8.							
9.							
10.							

**RACE AND ETHNICITY OF HEAD OF HOUSEHOLD**

<p><b>Race: Check the appropriate race. (More than one category can be entered if applicable.)</b></p> <p><input type="checkbox"/> White   <input type="checkbox"/> Black/African American   <input type="checkbox"/> American Indian/Alaskan Native</p> <p><input type="checkbox"/> Asian   <input type="checkbox"/> Native Hawaiian/Other Pacific Islander</p> <p><b>Ethnicity: (Check the appropriate ethnicity.)</b>   <input type="checkbox"/> Hispanic or Latino   <input type="checkbox"/> Not Hispanic or Latino</p>	
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**Answer the following questions about all members of the household:**

1. Has any adult who will live in the home previously lived in a State other than this State?  Yes  No  
If yes, which family member(s)? \_\_\_\_\_ State lived? \_\_\_\_\_  
State lived? \_\_\_\_\_
2. Does anyone other than an adult who will live in the home share custody of any of the children listed?  
 Yes  No If yes, who? \_\_\_\_\_
3. Does anyone who will be living in the home have a divorce decree or court order as the result of a divorce or legal separation?  Yes  No If yes, who? \_\_\_\_\_
4. Is anyone who will be living in the home expecting a child?  
 Yes  No If yes, who? \_\_\_\_\_
5. Is there anyone not listed on the application who is temporarily absent from the home?  
 Yes  No If yes, who? \_\_\_\_\_
6. Has anyone who will be living in the home ever used another social security number other than the one listed on this application?  Yes  No If yes, who? \_\_\_\_\_
7. Has anyone who will be living in the home ever used another name, other than the one they are using now?  
 Yes  No If yes, who? \_\_\_\_\_
8. Is there anyone who will be living in the home who is 18 or over and a full-time student?  
 Yes  No If yes, who? \_\_\_\_\_
9. Does anyone in your household require any type of accommodations to fully utilize our programs and services?  Yes  No If yes, who? \_\_\_\_\_  
What do they require? \_\_\_\_\_

**APPLICATION FOR PUBLIC HOUSING**

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CONTACT INFORMATION: *List the names, addresses and telephone numbers of two relatives or friends who live in the area and generally know how to contact you.*

<b>1. Contact Name</b>	<u>Phone#</u>
Address _____	City/State/Zip _____
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<b>2. Contact Name</b>	<u>Phone#</u>
Address: _____	City/State/Zip _____

**PART B: PRESENT AND PREVIOUS HOUSING INFORMATION**

*List your current address and landlord information. Then list all prior addresses and landlords for the past five (5) years.*

<b>Current landlord</b>		<u>Phone:</u>
Address _____	City/state/zip _____	How long? _____
<hr/>		
<b>Previous landlord</b>		<u>Phone:</u>
Address _____	City/state/zip _____	How long? _____
<hr/>		
<b>2nd Previous landlord</b>		<u>Phone:</u>
Address _____	" City/state/zip _____	How long? _____
<hr/>		
<b>3rd Previous landlord</b>		<u>Phone:</u>
Address _____	City/state/zip _____	How long? _____

**PART C: CRIMINAL BACKGROUND AND OTHER INFORMATION** *These questions apply to you and all of the members of your household.*

1. Has any household member ever been arrested for any crime? .....  Yes  No  
If yes, how many times? ..... Please explain. (Include when arrested, where arrested and the reason for the arrest. Attach a separate sheet if needed) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
2. Has any household member ever been convicted of any crime? .....  Yes  No  
If yes, how many times? \_\_\_\_\_ What crime(s)? \_\_\_\_\_
  
3. Is any household member a subject to lifetime sex offender registration? .....  Yes  No  
If yes, who? \_\_\_\_\_ In what State(s)? \_\_\_\_\_
  
4. Is any household member currently using illegal drugs? .....  Yes  No  
If yes, who? \_\_\_\_\_
  
5. Has any household member ever been evicted from any type of housing? .....  Yes  No  
If yes, explain when, where and for what reason \_\_\_\_\_  
\_\_\_\_\_
  
6. Does any household member abuse alcohol in a way that threatens the health, welfare or safety of other persons? .....  Yes  No  
if yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
  
7. Has any household member received rental assistance in public housing or HVC?  
.....  Yes  No  
if yes, when? Year(s) \_\_\_\_\_ Housing Agency Name: \_\_\_\_\_  
Under what name? \_\_\_\_\_ Who was Head of Household? \_\_\_\_\_



**APPLICATION FOR PUBLIC HOUSING**

**PART E: INFORMATION ABOUT THE ASSETS OF ALL MEMBERS OF THE FAMILY**

*(An asset is something of value that can be converted to cash)*

1. Do you or any family member own or have access to any of the following?

- Savings account? .....  Yes  No                      Checking account? .....  Yes  No  
 Certificate of deposit? .....  Yes  No                      Money market account? .  Yes  No

Family Member Name	Bank Name	Account Number	Balance

2. Do you or any family member own or have access to any of the following?

- Stocks?.....  Yes  No                      Bonds?.....  Yes  No  
 Real property (land)?.....  Yes  No                      Trust funds?.....  Yes  No  
 Pensions?.....  Yes  No                      Individual retirement accounts?.....  Yes  No  
 Inheritances?.....  Yes  No                      Life insurance policies?.....  Yes  No  
 Any other type of capital investment?                       Yes  No  
 Explain any "Yes" answers below.....

Family Member Name	Type of Asset	Account Number	Value

**PART F: INFORMATION ABOUT HOUSEHOLD EXPENSES**

1. Does any family member have expenses for child care of a child age 12 or younger?  Yes  No  
 If yes, complete the following:

Minor's Name	Care Provider			Amount Monthly
	Name	Address	Phone Number	

2. Is any portion of these childcare expenses reimbursed from an outside agency or person?  Yes  No  
 If yes, how much is reimbursed per month? \$ \_\_\_\_\_

3. Do you pay a care attendant to provide care for a disabled family member so that an adult family member can work? (Could be the person with disabilities)  Yes  No    If yes, complete the following:

Name	Care Attendant		Amount Monthly
	Address	Phone Number	

4. Are you paying for any type of equipment for a disabled family member that enables an adult member to work? (Could be the person with disabilities)  Yes  No  
 If yes, what is the anticipated monthly cost? \$ \_\_\_\_\_



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**Certification of the Applicant**

I hereby certify that all of the information I have provided on this application is true and complete. I understand that I am required to notify the housing authority in writing within 10 days if any member of the family moves out of the unit, and that I cannot permit anyone to move into my unit without prior approval of the housing authority. I understand that I must notify the housing authority in writing of any changes to the household due to birth, adoption or court-awarded custody. I also understand that any person who attempts to obtain housing assistance or rent reduction by making false statements, by impersonation, by failure to disclose or intentionally concealing information, or any act of assistance to such attempt is a crime under Federal and State law.

**WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATES CODE STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AND SHALL BE FINED NOT MORE THAN \$10,000 OR IMPRISONED FOR NOT MORE THAN FIVE YEARS OR BOTH.**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Spouse or Co head

\_\_\_\_\_

**Certification of PHA Representative**

I hereby certify by my signature that I have explained all questions on this application form and reviewed the answers provided with the head of household to ensure that these questions were fully understood and fully answered.

\_\_\_\_\_  
Signature of PHA Representative

\_\_\_\_\_  
Date