

# Moline Housing Authority

## Application for Continued Occupancy

FORM 408

**WARNING!!! TO OBTAIN OR ATTEMPT TO OBTAIN HOUSING ASSISTANCE BY COMMITTING FRAUD IS A CRIMINAL OFFENSE**

\_\_\_\_\_

Name of Head of Household

Current address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone Number

\_\_\_\_\_

Date

List everyone who currently resides in your unit:

Name (Last, First, MI)	Relationship	Social Security Number	Date of Birth
	Head of household		

List everyone who currently receives any type of income (money from wages, self employment, child support, contributions, Social Security Disability payments, unemployment, worker's compensation, retirement benefits, TANF, Food stamps, Veteran's benefits, rental property income, stock dividends, alimony, and all other sources):

Source of Income	Household member	Amount received	How often received

List anyone who has Assets (Stocks, bonds, mutual funds, saving certificates, money market funds, life insurance :

Household member	Type of asset	Financial Institution	Account number

List any childcare expense:

Household member	Childcare provider	Daycare cost	How often received

Allowable Expenses (List medical expenses if the head of household, co-head, or spouse is sixty two years age or older or if they are disabled and have medical expenses they are directly responsible for):

Expense Type	Balance owed	Amount paid	How often paid	Address & Phone of Source

Automobiles:

Titled in Name of	Make	Model	Year	License Plate Number

Emergency Contact:

\_\_\_\_\_

Name

\_\_\_\_\_

Address

\_\_\_\_\_

City, State, Zip Code

\_\_\_\_\_

Home phone number

\_\_\_\_\_

Cell phone number

\_\_\_\_\_

Name

\_\_\_\_\_

Address

\_\_\_\_\_

City, State, Zip Code

\_\_\_\_\_

Home phone number

\_\_\_\_\_

Cell phone number

Please declare any pets you currently own:

Type of pet	Breed	Color

Please complete the following table regarding your daily expenses. Below is an example:

	Monthly Expenses	Who contributes towards this expense?	How much is contributed towards this expense?
Food		Self	All
Paper products		My mother	All
Transportation		Self	All
Entertainment		Self	All
Clothing		My mother/self	\$50/\$50
Smoking		Self	All
Communication		My father	All
Shelter		Self	All
Medical		Self	All
Miscellaneous		Self	All
Totals		Self	All

Please complete the following table:

Type of Cost	Monthly Expenses	Who contributes toward this expense?	How much is contributed towards this expense?
Food			
Paper Products			
Transportation			
Entertainment			
Clothing			
Smoking			
Communication			
Shelter			
Medical			
Miscellaneous			
Totals			

I understand that if I knowingly supply false, incomplete, or inaccurate information I may be punished under Federal or state criminal law. It is also grounds for termination of housing assistance.

\_\_\_\_\_  
Head of household signature

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse signature

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Adult household member signature

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Adult household member signature

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Adult household member signature

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Adult household member signature

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Adult household member signature

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Adult household member signature

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Date

\_\_\_\_\_  
MHA staff

\_\_\_\_\_  
Date Received