PUBLIC HOUSING
APPLICATION FOR ADMISSION

APPLICATION NO: _____

INITIAL APPLICATION INFORMATION	APPLICANT (HEAD OF HOUSE)
DATE OF APPLICATION: _____	NAME: _____
TIME APPLICATION TAKEN: HOUR ____ MIN ____ AM ☐ PM ☐	PRESENT ADDRESS 1: _____
HOUSING DISPLACEMENT DUE TO GOVERNMENT: ☐ YES ☐ NO	PRESENT ADDRESS 2: CITY: _____ STATE: _____ ZIP: _____
CITY WHERE APPLICATION TAKEN: _____	TELEPHONE: (___) _____
STATE: _____ ZIP: _____	

CURRENT LANDLORD NAME: _____ TELEPHONE: _____

CURRENT LANDLORD ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

CHECK APPLICABLE ITEMS BELOW: (VOLUNTARY INFORMATION)

HEAD-OF-HOUSE

☐ WHITE ☐ BLACK ☐ AMERICAN INDIAN OR ALASKAN NATIVE
☐ ASIAN OR PACIFIC ISLANDER ☐ HISPANIC
☐ FEMALE HEAD OF HOUSE ☐ VETERAN HEAD OF HOUSE

THE FOLLOWING INFORMATION IS VOLUNTARY AND MUST BE ASKED OF ALL APPLICANTS (IMPORTANT)

DOES ANY MEMBER OF YOUR FAMILY REQUIRE A HANDICAP ACCESSIBLE UNIT OR ANY OTHER HANDICAP ACCOMMODATIONS?
☐ YES ☐ NO
EXPLAIN: _____

THE FOLLOWING INFORMATION ON DISABILITY IS VOLUNTARY

DOES A MEMBER OF YOUR HOUSEHOLD QUALIFY FOR DISABILITY UNDER SECTION 504 OF THE REHABILITATION ACT OF 1973 OR THE FEDERAL FAIR HOUSING ACT AS AMENDED IN 1988 AND THE AMERICANS WITH DISABILITIES ACT? ☐ YES ☐ NO IF YES, EXPLAIN: _____

IN CASE WE HAVE PROBLEMS CONTACTING YOU, LIST THE NAMES OF TWO RELATIVES OR FRIENDS:

1. NAME: _____ TELEPHONE: _____ RELATION: _____
2. NAME: _____ TELEPHONE: _____ RELATION: _____

A. HOUSEHOLD COMPOSITION ***(* USE CODES ON LAST PAGE OF THIS FORM TO COMPLETE THESE COLUMNS.)***

NO.	PERSONS TO RESIDE IN UNIT	RELATIONSHIP *	RACE *	SEX M / F	BIRTHDATE	BIRTHPLACE: COUNTRY	SOCIAL SECURITY NO.	LEGAL CITIZEN *
	ADULTS (LEGAL NAMES)							
1		HEAD OF HOUSE						
2		SPOUSE						
3		CO-HEAD						
	CHILDREN (LEGAL NAMES)							
4								
5								
6								
7								
8								

DO YOU ANTICIPATE ANY CHANGES IN YOUR FAMILY COMPOSITION: ☐ YES ☐ NO IF YES, EXPLAIN: _____

HOUSING CONDITIONS: (Present Housing Conditions and Need)

1. Involuntarily displaced (If Yes, check reason) ..... Yes ☐ No ☐
   - A. Disaster, such as fire or flood that resulted in uninhabitability of applicant's unit ☐
   - B. Activity by government agency in connection with public improvement or development programs ☐
   - C. Activity by housing owner beyond applicant's ability to control (Not a rent increase) ☐
2. Living under substandard housing conditions (if Yes, check conditions present) Yes ☐ No ☐
   - A. Is dilapidated ☐
   - B. Does not have operable indoor plumbing ☐
   - C. Does not have a usable flush toilet inside the unit for the exclusive use of family ☐
   - D. Does not have a usable bathtub or shower inside the unit for the exclusive use of family ☐
   - E. Does not have electricity, or has inadequate or unsafe electrical service ☐
   - F. Does not have a safe or adequate source of heat ☐
   - G. Should but does not have a kitchen ☐
   - H. Has been declared unfit for habitation by an agency or unit of government ☐
3. Paying more than 50% of family income for rent ..... Yes ☐ No ☐

PUBLIC HOUSING APPLICATION CONTINUED FROM PAGE 1

APPLICANT NAME: ______________________ **DATE:** ______________________

B. HOUSEHOLD INCOME: EMPLOYMENT FOR EACH FAMILY MEMBER (WHERE APPLICABLE), SHOW SOURCE AND ANTICIPATED INCOME AS INDICATED. **(LIST ALL INCOME SOURCES INCLUDING MILITARY FOR VERIFICATION DURING THE ADMISSIONS PROCESS.)**

FAMILY MEM. NO.	SOURCE OF INCOME, EMPLOYER / OTHER	CURRENT WAGES MONTHLY	WEEKLY	HOURLY RATE	HOURS WORKED	ANNUAL EARNINGS	ANTICIPATED NEXT 12 MONTHS

1. DOES ANY FAMILY MEMBER WORK FOR ANYONE WHO PAYS THEM CASH? ☐ YES ☐ NO IF YES, EXPLAIN: ______________________
2. HAVE YOU OR ANY OTHER FAMILY MEMBER RECEIVED ANY LUMP SUM PAYMENTS IN THE PAST TWO YEARS? ☐ YES ☐ NO
   IF YES, EXPLAIN: ______________________

FAMILY MEM. NO.

☐ NAME OF EMPLOYER: ______________________ TELEPHONE: ______________________
ADDRESS: ______________________
ADDRESS: ______________________

☐ NAME OF EMPLOYER: ______________________ TELEPHONE: ______________________
ADDRESS: ______________________
ADDRESS: ______________________

☐ NAME OF EMPLOYER: ______________________ TELEPHONE: ______________________
ADDRESS: ______________________
ADDRESS: ______________________

FINANCIAL ASSISTANCE **LIST ALL INCOME SOURCES FOR VERIFICATION DURING THE ADMISSIONS PROCESS.**
FILL IN THE MONTHLY AND WEEKLY DOLLAR AMOUNT IN EACH COLUMN SOURCE.

FAMILY MEM. NO.		CHILD SUPPORT	VETERANS	SSI	SSA	UNEMPLOYMENT	WORK FIRST	OTHER: ______	ANTICIPATED NEXT 12 MONTHS
	MONTHLY	$	$	$	$	$	$	$	
	WEEKLY	$	$	$	$	$	$	$	
	MONTHLY	$	$	$	$	$	$	$	
	WEEKLY	$	$	$	$	$	$	$	
	MONTHLY	$	$	$	$	$	$	$	
	WEEKLY	$	$	$	$	$	$	$	
	MONTHLY	$	$	$	$	$	$	$	
	WEEKLY	$	$	$	$	$	$	$	

C. CASH ASSETS

FAMILY MEM. NO.

☐ CHECKING ACCOUNT $ ____________ BANK NAME ____________ ADDRESS ____________
ACCT # ____________
SAVINGS ACCOUNT $ ____________ BANK NAME ____________ ADDRESS ____________
ACCT # ____________
OTHER $ ____________ ADDRESS ____________
IS CHECKING ACCT INTEREST BEARING? ☐ YES ☐ NO

☐ CHECKING ACCOUNT $ ____________ BANK NAME ____________ ADDRESS ____________
ACCT # ____________
SAVINGS ACCOUNT $ ____________ BANK NAME ____________ ADDRESS ____________
ACCT # ____________
OTHER $ ____________ ADDRESS ____________
IS CHECKING ACCT INTEREST BEARING? ☐ YES ☐ NO

☐ CHECKING ACCOUNT $ ____________ BANK NAME ____________ ADDRESS ____________
ACCT # ____________
SAVINGS ACCOUNT $ ____________ BANK NAME ____________ ADDRESS ____________
ACCT # ____________
OTHER $ ____________ ADDRESS ____________
IS CHECKING ACCT INTEREST BEARING? ☐ YES ☐ NO

PUBLIC HOUSING APPLICATION CONTINUED FROM PAGE 2

APPLICANT NAME: _____ **DATE:** _____

ASSETS - OTHER

DOES ANY MEMBER OF YOUR HOUSEHOLD OWN A HOME OR OTHER REAL ESTATE? ☐ YES ☐ NO

ADDRESS / LOCATION _____

HAS ANY MEMBER OF YOUR FAMILY SOLD OR GIVEN AWAY ANY REAL ESTATE IN THE PAST TWO YEARS? ☐ YES ☐ NO

IF YES, WHAT IS THE CURRENT MARKET VALUE? $ _____

PHYSICAL LOCATION OF PROPERTY _____

DO YOU OR ANY FAMILY MEMBER OWN A CAR? ☐ YES ☐ NO IF YES, LIST BELOW:

FAMILY MEM. NO.			
☐	MAKE _____	MODEL _____	TAG NUMBER _____
☐	MAKE _____	MODEL _____	TAG NUMBER _____
☐	MAKE _____	MODEL _____	TAG NUMBER _____

DOES ANY FAMILY MEMBER HAVE OR RECEIVE BENEFITS FROM AN ANNUITY OR OTHER RETIREMENT SOURCE? ☐ YES ☐ NO

IF YES, EXPLAIN: _____ MONTHLY AMT: $ _____

DOES ANY FAMILY MEMBER HAVE OR RECEIVE INCOME FROM CERTIFICATE OF DEPOSITS, STOCKS, BONDS, OR OTHER INVESTMENTS?

☐ YES ☐ NO IF YES, EXPLAIN: _____ MONTHLY AMT: $ _____

D. EXPENSES

DO YOU HAVE EXPENSES FOR CHILD CARE OF A CHILD AGED 12 OR YOUNGER? ☐ YES ☐ NO IF YES, PROVIDE THE NAME, ADDRESS, AND TELEPHONE NUMBER OF THE CARE PROVIDER: _____

WHAT IS THE WEEKLY COST TO YOU OF THE CHILD CARE? $ _____

DO YOU EMPLOY A CARE ATTENDANT OR PAY FOR ANY EQUIPMENT RELATING TO A DISABLED MEMBER OF YOUR HOUSEHOLD WHICH IS NECESSARY TO PERMIT THAT PERSON OR SOMEONE ELSE IN THE FAMILY TO WORK? ☐ YES ☐ NO

IF YES, DESCRIBE EXPENSE: _____

MONTHLY COST: $ _____

DOES ANY MEMBER OF YOUR HOUSEHOLD HAVE MEDICARE? ☐ YES ☐ NO

IF YES, WHAT IS THE MEDICARE PREMIUM PER MONTH? $ _____

DOES ANY MEMBER OF YOUR HOUSEHOLD HAVE ANY OTHER KIND OF MEDICAL INSURANCE? ☐ YES ☐ NO IF YES MO. AMT $ _____

IF YES, GIVE POLICY NUMBER: _____ AGENT'S NAME: _____

DOES ANY MEMBER OF YOUR HOUSEHOLD RECEIVE MEDICAL ASSISTANCE THROUGH THE WELFARE DEPARTMENT? ☐ YES ☐ NO

DOES ANY MEMBER OF YOUR HOUSEHOLD HAVE ANY OUTSTANDING MEDICAL BILLS ON WHICH YOU ARE PAYING? ☐ YES ☐ NO

IF YES, GIVE NAME OF DOCTOR: _____ ADDRESS: _____

MONTHLY AMT: $ _____

PHARMACY: _____ ADDRESS: _____

MONTHLY AMT: $ _____

DOES ANY MEMBER OF YOUR HOUSEHOLD EXPECT TO HAVE MEDICAL EXPENSES DURING THE NEXT 12 MONTHS? ☐ YES ☐ NO

IF YES, EXPLAIN: _____ MONTHLY AMT: $ _____

E. DRUG / CRIMINAL ACTIVITY

FEDERAL REGULATIONS REQUIRE HOUSING AGENCIES TO QUESTION APPLICANTS AND PARTICIPANTS CONCERNING DRUG RELATED OR VIOLENT CRIMINAL ACTIVITIES.

HAVE YOU OR ANY MEMBER OF YOUR HOUSEHOLD BEEN ARRESTED OR CONVICTED OF ANY DRUG OR ALCOHOL RELATED OR VIOLENT CRIMINAL ACTIVITY WITHIN ONE YEAR PRIOR TO DATE OF THIS APPLICATION? ☐ YES ☐ NO IF YES, EXPLAIN: _____

IS THE HOUSEHOLD MEMBER SEEKING REHABILITATION SERVICES FOR THE ABOVE NAMED ACTIVITY? ☐ YES ☐ NO

IF YES, GIVE THE NAME AND ADDRESS OF REHABILITATION CENTER: _____

IS ANY MEMBER OF YOUR HOUSEHOLD REGISTERED AS A LIFETIME SEX OFFENDER? ☐ YES ☐ NO

HAS ANYONE IN THE HOUSEHOLD BEEN EVICTED FROM PUBLIC HOUSING OR SECTION 8 HOUSING FOR ANY REASON INCLUDING DRUG OR OTHER CRIMINAL ACTIVITY? ☐ YES ☐ NO? DATE OF EVICTION: ___/___/___ IF YES, NAME OF AGENCY AND ADDRESS: _____

_____ TELEPHONE: _____

PUBLIC HOUSING APPLICATION CONTINUED FROM PAGE 3

APPLICANT NAME: _____ **DATE:** _____

F. SCREENING QUESTIONS

ARE YOU OR A CURRENT FAMILY MEMBER NOW LIVING IN A FEDERALLY SUBSIDIZED HOUSING UNIT? ☐ YES ☐ NO

DO YOU CURRENTLY OWE ANY BACK RENT OR DAMAGES TO ANY PUBLIC HOUSING OR SECTION 8 AGENCY? ☐ YES ☐ NO AMOUNT $ _____

HAVE YOU EVER LIVED IN PUBLIC HOUSING? ☐ YES ☐ NO IF YES, WHERE? _____

HAVE YOU EVER PARTICIPATED IN THE CERTIFICATE OR VOUCHER PROGRAM? ☐ YES ☐ NO LESSEE: _____

IF YES, ENTER THE DATES OF OCCUPANCY: FROM: _____ TO: _____

G. APPLICANT CERTIFICATION

I / WE CERTIFY THAT THE INFORMATION GIVEN ABOVE IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I / WE UNDERSTAND ANY ATTEMPT TO OBTAIN PUBLIC HOUSING, ANY RENT SUBSIDY OR RENT REDUCTION BY FALSE INFORMATION, IMPERSONATION, FAILURE TO DISCLOSE OR OTHER FRAUD (AND ANY ACT OF ASSISTANCE TO SUCH ATTEMPT) IS A CRIME UNDER FEDERAL LAW. I / WE ALSO UNDERSTAND THAT ALL CHANGES IN THE INCOME OF ANY FAMILY MEMBER OF THE HOUSEHOLD AS WELL AS ANY CHANGES IN THE HOUSEHOLD MEMBERS MUST BE REPORTED TO THE HOUSING AGENCY IN WRITING WITHIN 10 DAYS FROM THE DATE OF THE CHANGE.

HEAD OF HOUSE	DATE SIGNED	SPOUSE CO-HEAD	DATE SIGNED
AGENCY REPRESENTATIVE	DATE	SIGNATURE	

HOUSEHOLD COMPOSITION CODES:
RELATION:

- **F = Foster Child/Foster Adult**
- **Y = Other Youth Under 18**
- **E = Full-Time Student 18+**
- **L = Live-In Aide**
- **A = Other Adult**

HOUSEHOLD COMPOSITION CODES:
RACE:

- **1 = White**
- **2 = Black/African American**
- **3 = American Indian/Alaska Native**
- **4 = Asian**
- **5 = Native Hawaiian/Other Pacific Islander**

HOUSEHOLD COMPOSITION CODES:
CITIZENSHIP:

- **EC = Eligible Citizen**
- **EN = Eligible Noncitizen**
- **IN = Ineligible Noncitizen**
- **PV = Pending Verification**

THIS SECTION FOR AGENCY USE ONLY

LOCAL AUTHORITY DETERMINATIONS:

Type of Rent: ☐ Flat Market-Based $ _____
☐ Income-Based $ _____
☐ Minimum Rent $ _____

Family Composition: Eligible ☐ Yes ☐ No

Unit Size Required (Circle One) 1BR 2BR 3BR 4BR 5BR

Housing Conditions and Need: Eligible ☐ Yes ☐ No

Report on and scoring of housing conditions:

Present condition	Score
(a) Substandard housing	
(b) Without housing	
(c) About to be without housing	
(d) Other factors	
3. Total housing score	
4. Section 504 Handicap Unit Needed ☐	

INCOME RANGES
(24 CFR 960.202)

At least 40 percent of new admissions to public housing in a fiscal year must be "extremely low income" (ELI) families (with annual incomes at or below 30 percent of the area median income).

Extremely Low Income ☐

NOTES: _____

CERTIFICATION:

On the basis of the determinations set forth above, the applicant family named herein has been found to be:

Eligible for admission ☐

Ineligible for admission ☐

Signed _____

Title _____

Date _____

LEASING:

A. Project Number _____

B. Unit Number _____

C. Unit Size Assigned _____

D. Date Assigned _____

E. Lease Effective _____