## BOONE COUNTY HOUSING AUTHORITY Black Diamond Arbors 824 Lick Creek Road

Phone Number:	an and a second	
Mailing address:		
Tenant name:		

Danville,	WV 25053		Phone Number:					- 3		
(304) 369	9-3442									
	APPLICATIO	N FOR CONTIN	NUED OCCUPANC	Y			III. LOCAL	AUTHORITY	1	
I. FAN	MILY COMPOSITION:						DETER	MINATIONS:		
A. F	amily Members Residing in the D	welling Unit:						ly Composition		
NO.	2. Name of Each Person in Dwelling and Birth Date of Family Members Not Previously Listed		E OF 3. RELATION TO FAMILY HEAD	4. Age	5. SEX	6. OCCUPATION	1. Elig 2. Elc		Yes _	
	\$S#		Head			20		Age Disabled	Yes 🗌	
2 SS#		, k				(c) Handicapped Yes No				
3	SS#						or Servicem		No _	
	SS#						4. Un	it size	_ BK	
5	SS#						1			
6	6 <u>SS#</u> 7 <u>SS#</u>						B. Income: 1. Eligible:		V	N
7									res	Yes No
88	8 SS#									7
9	SS#				T					
10	SS#									
B. Ar	nticipated Changes in Family Con	nposition								
If you	u have earned income listed below	w, please provide	us with the name and	address	of your e	mployer:				
Nom	e:									
	e ess:									
Phor	e number:				-					
II. INC							1			
	otal Income:						2. An	ticipated annu	ual income	<b>)</b> :
1. FAMILY MEMBER NO.	2. (a) PAST 12 Mo (1) Source, Type, and Rate	NTHS (2) Amt.	(1) Source, Ty	) NEXT 1: /pe. and		(2) Amt.				
140.	(1) Course, Type, and Mare	(1) 555155, 1)	(1) Godice, Type, and Nate (2)74m.							
М	18810011-14-30-31	\$		-		\$	ļ			
		\$				\$		\$		
		\$				\$		\$		
		\$				\$		\$		
		\$				\$		\$		
3 То	otal family income	\$				\$				
	eductions:					Ι Ψ	3. Anti	\$ cipated annu	al deduction	ons
1. FAMILY MEMBER NO.	2. (a) PAST 12 Mc (1) Type and Source		2. (b) NEXT 12 MONTHS (1) Type and Source (2) Amt.			and exemptions:  a. ELIGIBILITY   b. RENT				
<u>NO.</u>	(1) Type and oddice	(2) Amt.	(1) Type a	na oourc		\$	\$	\$	D. ILLIVI	
		\$				\$	\$	\$		
		\$				\$	\$	S		
		\$				\$	\$	\$		
		\$				\$	\$	\$		
		\$	<u> </u>			\$	\$ 	\$		
	kemptions:  Minors without income						\$	\$		
	Income of minors						\$	\$		
	Adults without income						\$	\$		
	Income of adults						\$	s		
5.	U.S. disability or death benefits .	,					\$	S		
6.	Other (Specify)						\$	S		
							\$	\$		
	Total Deductions and	Exemptions					\$	\$		
	come for Continued Occupancy E						\$			
	oplicable Income Limit for Continu	ued Occupancy					S			
	come for Rent							ross \$		
G. A	opropriate Rent							ross. \$		

## ASSETS IV. A. Checking / Savings Bank Accounts Acct. # Do you have a checking account? Name and address of bank Value \$ Acct. # Do you have a savings account? Name and address of bank Value \$ Other accounts: Please list: Value \$ B. Stocks/Bonds Do you own stocks? Value \$ Do you own bonds? Value \$ C. Real Property Do you own land? Value \$ -Have you disposed of any assets during the past two years for less than fair market value? PREVIOUS HOUSING Have you ever lived in federally assisted housing? \_ If yes, when? \_ Address The following information is being requested in compliance with the civil rights requirements of the U.S. Department of Housing and Urban Development. Your response is voluntary. Failure to complete this section will not affect the status of your application. Please mark categories that apply to you. Race: Black National Origin: American Handicapped/Disabled White Asian Sex: Male Hispanic 62 or over Alaskan/Aluet Female Indian Other Do you or any member of your family have a handicap/disability that requires a Special Accommodation to Yes No No fully enjoy our housing or related activities? If yes, please state the type of accommodation you need and the relation of the accommodation requested to the disability: \_ PROGRAM INTEGRITY INFORMATION Have you or anyone in your household been evicted from Public or Assisted Housing for violent criminal or drug-related activity? \_ If yes, explain: Has anyone in your household been engaged in the use, sale, manufacture or distribution of controlled substances? If yes, explain: Have you ever violated a family obligation in a HUD-assisted housing program? If yes, explain: \_ Do you owe any money to a Public Housing Agency? If ves. who: VIII. IS EVERY MEMBER OF YOUR HOUSEHOLD A U.S. CITIZEN? \_\_ If no, who: The information given is true and complete to the best of my knowledge. I have no objection to inquiries for the purpose of verification. I understand that the information given on this Application for Continued Occupancy will become a part of my Lease Agreement. Date \_ (Signature of Applicant)

Interviewed by: