

BOONE COUNTY HOUSING AUTHORITY

Black Diamond Arbors
824 Lick Creek Road
Danville, WV 25053

Date: _____ Time: _____

Tenant name: _____

Mailing address: _____

(304) 369-3442

Phone: _____ County: _____

APPLICATION FOR ADMISSION

I. FAMILY COMPOSITION:

A. Family Members Residing in the Dwelling Unit:

1. FAMILY MEMBER NO.	2. NAME OF EACH PERSON IN DWELLING AND BIRTH DATE OF FAMILY MEMBERS NOT PREVIOUSLY LISTED	3. RELATION TO FAMILY HEAD	4. AGE	5. SEX	6. OCCUPATION
1	SS# _____	Head			
2	SS# _____				
3	SS# _____				
4	SS# _____				
5	SS# _____				
6	SS# _____				
7	SS# _____				
8	SS# _____				
9	SS# _____				
10	SS# _____				

B. Anticipated Changes in Family Composition

If you have earned income listed below, please provide us with the name and address of your employer:

Name: _____

Address: _____

Phone number: _____

II. INCOME:

A. Total Income:

1. FAMILY MEMBER NO.	2. (a) PAST 12 MONTHS		2. (b) NEXT 12 MONTHS	
	(1) Source, Type, and Rate	(2) Amt.	(1) Source, Type, and Rate	(2) Amt.
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$
3. Total family income		\$		\$

B. Deductions:

1. FAMILY MEMBER NO.	2. (a) PAST 12 MONTHS		2. (b) NEXT 12 MONTHS	
	(1) Type and Source	(2) Amt.	(1) Type and Source	(2) Amt.
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$

C. Exemptions:

1. Minors without income	\$	\$
2. Income of minors	\$	\$
3. Adults without income	\$	\$
4. Income of adults	\$	\$
5. U.S. disability or death benefits	\$	\$
6. Other (Specify)	\$	\$
Total Deductions and Exemptions	\$	\$

D. Income for Continued Occupancy Eligibility	\$
E. Applicable Income Limit for Continued Occupancy	\$
F. Income for Rent	\$
G. Appropriate Rent	\$
Gross Contract	\$
	\$

III. LOCAL AUTHORITY DETERMINATIONS:

A. Family Composition:

- 1. Eligible Yes No
- 2. Elderly Yes No
 - (a) Age Yes No
 - (b) Disabled Yes No
 - (c) Handicapped Yes No
- 3. Vet. or Serviceman Yes No
- 4. Unit size _____ BR

B. Income:

- 1. Eligible: Yes No

2. Anticipated annual income:

\$
\$
\$
\$
\$
\$
\$
\$
\$

3. Anticipated annual deductions and exemptions:

a. ELIGIBILITY	b. RENT
\$	\$
\$	\$
\$	\$
\$	\$
\$	\$
\$	\$
\$	\$
\$	\$
\$	\$
\$	\$
\$	\$
\$	\$
\$	\$

IV. ASSETS

A. Checking / Savings Bank Accounts

Do you have a checking account? _____ Acct. # _____
 Name and address of bank _____

 Value \$ _____

Do you have a savings account? _____ Acct. # _____
 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? _____
 If yes, explain: _____

V. PREVIOUS HOUSING

Have you ever lived in federally assisted housing? _____
 If yes, when? _____
 Address _____

VI. 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	<input type="checkbox"/>	National Origin: American	<input type="checkbox"/>	Handicapped/Disabled	<input type="checkbox"/>
White	<input type="checkbox"/>	Asian	<input type="checkbox"/>		
Sex: Male	<input type="checkbox"/>	Hispanic	<input type="checkbox"/>	62 or over	<input type="checkbox"/>
Female	<input type="checkbox"/>	Alaskan/Aluet	<input type="checkbox"/>		
		Indian	<input type="checkbox"/>		
		Other	<input type="checkbox"/>		

Do you or any member of your family have a handicap/disability that requires a Special Accommodation to fully enjoy our housing or related activities? Yes No
 If yes, please state the type of accommodation you need and the relation of the accommodation requested to the disability: _____

VII. 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 yes, 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.

 (Signature of Applicant) Date _____

Interviewed by: _____