

Project Name: _____

Initial Certification: _____

Unit No.: _____

Bedroom Size: _____

Annual Recertification: _____

Applicant Name: _____

Address: _____

Street, Box No.

City

State

Zip

1. List all occupants of the unit

Occupant	Relationship	Social Security Number	Date of Birth	Sex
(a)	Head of Household			
(b)				
(c)				
(d)				
(e)				
(f)				

2. Are all members of the household U.S. Citizens? Yes No

3. Is any member of the household a full or part-time student at an institution of higher education? Yes No

4. Race - Head of Household:

White

American Indian/Alaskan Native & White

Asian & White

Black/African American

Asian

Black/African American & White

American Indian/Alaskan Native

Native Hawaiian/Pacific Islander

American Indian/ Alaskan Native & Black African American Other Multi-Racial

Hispanic Head of Household: Yes No

5. The following question is optional. However, the information supplied may be used to determine any special needs you may have.

Do any family members have a disability? Yes No

If so, what type of special accommodations may be needed? _____

6. If tenant is already residing in the HOME project, complete this section. Otherwise, go to Question 6.

CURRENT RENT

CURRENT UTILITY ALLOWANCE

Monthly \$

Monthly \$

7. Do you currently receive rental assistance? Yes No

Amount Per Month

If yes, are you receiving: Section 8 Certificate
 Section 8 Voucher
 Other

8. Please answer each of the following questions. For each "Yes" answer provide details in the chart below.

	<u>Yes</u>	<u>No</u>
Is any member of your household employed, full-time, part-time, or seasonally?	<input type="checkbox"/>	<input type="checkbox"/>
Does any member of your household expect to work for any period during the next 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
Does any member of your household work for someone who pays them in cash?	<input type="checkbox"/>	<input type="checkbox"/>
Is any member of your household on leave of absence from work due to lay-off, medical, maternity, or military leave?	<input type="checkbox"/>	<input type="checkbox"/>
Does any member of your household now receive or expect to receive unemployment benefits?	<input type="checkbox"/>	<input type="checkbox"/>
Does any member of your household now receive or expect to receive child support?	<input type="checkbox"/>	<input type="checkbox"/>
Is any member of your household entitled to child support that he/she is not now receiving?	<input type="checkbox"/>	<input type="checkbox"/>
Does any member of your household now receive or expect to receive alimony payments?	<input type="checkbox"/>	<input type="checkbox"/>
Is any member of your household entitled to alimony payments that he/she is not now receiving?	<input type="checkbox"/>	<input type="checkbox"/>
Does any member of your household receive or expect to receive welfare assistance?	<input type="checkbox"/>	<input type="checkbox"/>
Does any member of your household receive or expect to receive Social Security benefits?	<input type="checkbox"/>	<input type="checkbox"/>
Does any member of your household receive or expect to receive income from a pension or annuity?	<input type="checkbox"/>	<input type="checkbox"/>
Does any member of your household receive regular cash contributions from individuals not living in the unit or from agencies?	<input type="checkbox"/>	<input type="checkbox"/>
Does any member of your household receive income from assets, including interest on checking or savings accounts, interest and dividends from certificates of deposit, stocks, or bonds, or income from the rental of property?	<input type="checkbox"/>	<input type="checkbox"/>
Is anyone in the household a student at an institute of higher learning and age 18-23?	<input type="checkbox"/>	<input type="checkbox"/>

For each type of income that your household receives, give the source of the income and the amount of income that can be expected from that source during the next 12 months.

FAMILY MEMBER

SOURCE OF INCOME/
TYPE OF INCOME

ANNUAL INCOME

If additional space is needed attach a separate sheet.

9. List all checking and savings accounts (including IRA's, Keough accounts, and Certificates of Deposit) of all household members, including accounts disposed of during the past two years.

FAMILY MEMBER FINANCIAL INSTITUTION ACCOUNT NUMBER TYPE BALANCE

If additional space is needed attach a separate sheet.

List value of all stocks, bonds, trusts, pension contributions, or other assets:

Do you own a home or other real estate? Yes No

Did you have any assets in the last two years not listed above? Yes No

If yes, did you dispose of any assets for less than fair market value? Yes No
(This means that the assets were either given away or sold at less than the allotted market value.)

What were the assets, the market value at the time of disposition, the amount received, and date you disposed of the assets?

Any assets listed as disposed of for less than fair market value in the two years preceding the effective date of the certification or recertification will be counted as assets if the difference between the value and the amount received exceeds \$1000.

RESIDENT'S STATEMENT: I understand that the above information is being collected to determine my eligibility for residency. I authorize the owner/manager to verify all information provided on this application and my signature is consent to obtain such verification. I certify that I have revealed all assets currently held or previously disposed of and that I have no assets other than those listed on this form (other than personal property). I further certify that the statements made in this application are true and complete to the best of my knowledge and belief and am aware that false statements are punishable under Federal law and grounds for eviction. I declare and affirm under the penalties of perjury that the claim (petition, application, information) has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

Signature of Head of Household: _____ Date: _____

Signature of Spouse or Co-Tenant: _____ Date: _____

