



APPLICATION FOR SECTION 8 HOUSING ASSISTANCE
EQUAL HOUSING OPPORTUNITY

DATE: _____
TIME: _____

The Departments of Housing and Urban Development requires that, for statistical purposes only. We report the race and ethnicity of the Head of Household for applications. You are not required to answer nor does your answer affect your position on our waiting list or your eligibility for housing.

Race of Head of Household: ☐ White ☐ Black ☐ Asian/Pacific Islander ☐ American Indian/Native American ☐ Other _____ ☐ Do not wish to disclose

Ethnicity of Head of Household: ☐ Hispanic ☐ Non-Hispanic

Are you a United States Citizen?: ☐ Yes ☐ No

Are you a Non-Citizen Student?: ☐ Yes ☐ No

Citizenship and/or Eligible Alien Status must be verified by an acceptable document recognized by the Federal Government.

How did you hear about this housing? _____

Does your household have any needs that might be better served by an apartment which is accessible to persons with mobility, hearing or visual impairments? ☐ Yes ☐ No If yes, please explain : _____

Do you or anyone else in your household qualify for housing because of a handicap or disability?

☐ Yes ☐ No If yes, please explain: _____

How many people live in your household now? _____

Is there an expected addition to the family? ☐ Yes ☐ No

Will anyone else live in the unit on either a full-time or part-time basis? ☐ Yes ☐ No If yes, please explain: _____

Do you expect any of the above to change in the future? ☐ Yes ☐ No If yes, please explain: _____

Do you have sole legal and physical custody of your child? ☐ Yes ☐ No if no, please explain custody arrangement: _____



APPLICATION FOR SECTION 8 HOUSING ASSISTANCE
EQUAL HOUSING OPPORTUNITY

DATE: _____

TIME: _____

CURRENT HOUSING STATUS

Address	City	State	Zip

Name of Landlord: _____ Phone #: _____

Landlord Address: _____

Address City State Zip

How long have you resided at your current address?: From: _____ To: _____

PREVIOUS HOUSING

Address	City	State	Zip

Name of Landlord: _____ Phone #: _____

Landlord's Address: _____

Address City State Zip

How long did you reside at your former address?: From: _____ To: _____

Are you now living or have you lived in a government subsidized development? ☐ Yes ☐ No If yes,
When?: _____

Name of Development: _____

Address: _____ State: _____ Zip Code: _____

Are you or anyone applying a U.S. Military Veterans? ☐ Yes, Whom?: _____ ☐ No

Has your housing assistance ever been terminated for fraud, non-payment of rent or utilities, failure to
cooperate with recertification procedures, or for any other reason? ☐ Yes ☐ No If yes, please explain:

Do you need temporary housing due to a named Presidential Disaster? ☐ Yes ☐ No



APPLICATION FOR SECTION 8 HOUSING ASSISTANCE
EQUAL HOUSING OPPORTUNITY

DATE: _____
TIME: _____

HOUSEHOLD INCOME INFORMATION

For each household member age 18 or older (including family members temporarily absent) list current and anticipate income for the 12 month period starting on the date of recertification. Include ALL full time, part time or seasonal.

ALL INFORMATION WILL BE VERIFIED BY A THIRD PARTY

For each household member age 18 or older (including family members temporarily absent) list current and anticipated income for the twelve-month period commencing on anticipated ate of occupancy or recertification. Include all full time, part time or seasonal. If a house hold member has more than one source of income, use a separate line for each source.

DO YOU RECEIVE OR EXPECT TO RECEIVE	YES	NO	MONTHLY INCOME
1. Wages, salaries, (include overtime, tips, bonuses, commissions, self-employment)?			
2. Does any member work for someone who pays them cash?			
3. Regular pay for a member of the armed forces?			
4. Welfare or disability benefits (AFDC, SSI, GA)?			
5. Workers Compensation?			
6. Unemployment benefits, or severance pay?			
7. Child Support?			
8. Alimony?			
9. Education grants, scholarships or VA student benefits?			
10. Social Security payments?			
11. Claim Number if collecting under spouses earnings?			
12. Pensions (PERA, railroad, etc)?			
13. Retirements benefits?			
14. Death benefits?			
15. Annuities or life insurance dividends?			
16. Lump sum payments (includes inheritance, insurance settlement, lottery winnings)?			
17. Net income from rental property?			
18. Regular cash contributions or gifts from individuals not living in the unit?			
19. Other? LIST:			



APPLICATION FOR SECTION 8 HOUSING ASSISTANCE
EQUAL HOUSING OPPORTUNITY

DATE: _____
TIME: _____

HOUSEHOLD ASSETS
ALL INFORMATION WILL BE VERIFIED BY A THIRD PARTY

DO YOU HAVE MONEY HELD IN	YES	NO	CURRENT BALANCE
1. Checking Account?			
2. Savings Account?			
3. Stocks?			
4. Capital Investments?			
5. Bonds?			
6. Trusts?			
7. Securities?			
8. IRA/KEOGH Accounts?			
9. Certificates of Deposit?			
10. Pension/retirement funds?			
11. Money Market Funds?			
12. Treasury Bills?			
13. Safety Deposit Box?			
14. Insurance Settlement?			
15. Other (list) _____			
Do you currently have a contract for Deed?			
Do you currently own real estate? If yes, please list the location(s), number of acres owned and any expenses incurred (I.E. Taxes, insurances) and any income received. _____ _____ _____			
Do you have any coin collections, antique cars, gems/jewelry, stamps or any other items held for investment purposes, (do not consider wedding rings and personal jewelry)?			
Are any assets held jointly with another person?			
If yes to above, List persons name and the asset(s) held jointly: _____ _____ _____			

I/We certify that I/we Have _____ Have Not _____ sold or disposed of any assets for less than Fair Market Value during the two year (24 month) period preceding the date of this application. Any assets sold or disposed of for less than Fair Market Value are identified below.

Relationship to Head of Household	Asset & Estimated Value	Date Sold/ Disposed of	Amount Received
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____



APPLICATION FOR SECTION 8 HOUSING ASSISTANCE
EQUAL HOUSING OPPORTUNITY
HOUSEHOLD ALLOWANCE INFORMATION

DATE: _____
TIME: _____

All Information will be verified by A third Party

All or part of your household's expenses may be allowable as a deduction from your annual income. Eligible expenses include child care costs, payments on outstanding medical and dental costs NOT covered by an outside source: e.g. insurance Medicare, state agency, or charitable organization.

DO YOU EXPECT TO INCUR ANY OF THE FOLLOWING EXPENSES:	YES	NO	MONTHLY AMOUNT
1. Child care which enables you or another household member to work, go to school or to seek employment?			
2. Attendance care for a handicapped or disabled household member, so that an adult household member can work, seek employment or go to school?			
3. Medicare premiums?			
4. Other medical insurance premiums?			
5. Outstanding medical bills on which you are currently paying?			
6. Cost of assistive devices for a handicapped or disabled household member?			
7. Do you receive medical assistance through the Public Assistance Program?>			
8. Do you expect to have any additional medical expenses during the next 12 months/if yes, please explain: _____ _____ _____			

MISCELLANEOUS

The following questions pertain to yourself and each member of your household who will occupy the unit. Indicate either YES or NO in response to each question. Explain any YES answers below.

Have you or any member of your household ever been arrested or convicted of a felony, or a misdemeanor other than a traffic violation? ☐ Yes ☐ No If yes, please explain

Do you or any member of your household use an illegal drug or other illegal controlled substances? ☐ Yes ☐ No If yes, please explain _____

Have you or any member of your household ever used different names from the names given in this application? ☐ Yes ☐ No If yes, whom and what name? _____

Have you or any member of your household ever used social security numbers different from those listed in this application? ☐ Yes ☐ No if yes, please explain _____



APPLICATION FOR SECTION 8 HOUSING ASSISTANCE
EQUAL HOUSING OPPORTUNITY

DATE: _____
TIME: _____

Are you currently subject to a lifetime registration requirement under a state sex offender registration program? ☐ Yes ☐ No

Have you or any member of your household lived in any other state? ☐ Yes ☐ No if yes, which one(s)

SIGNATURE

I/We understand the information in this application will be used to determine eligibility for Section 8 housing assistance and that this information will be verified. I/We understand that any false information may make me/us ineligible for a unit.

I/We certify that all information given in this application is true, complete and accurate. I/We understand that if any of this information is false, misleading or incomplete, management may decline our application or, if move-in has occurred, terminate our lease agreement.

I/We authorize management to make any and all inquiries to verify this information, directly or through information exchanged now or later with rental and credit screening services, and to contact previous and current landlords or other sources for credit and verification information which may be released to appropriate Federal, state or local agencies.

If my/our application is approved, and move-in occurs, I/we certify that only those person listed in this application will occupy the unit, that it will be my /our only residence, and that there are no other persons for whom I/we have, or expect to have responsibility to provide housing.

I/We agree to notify management in writing regarding any changes in household address, telephone number, income and household composition.

ALL HOUSEHOLD MEMBERS AGE 18 or OLDER SIGN BELOW

Applicant's Signature _____ Date _____

Applicant's Signature _____ Date _____

Applicant's Signature _____ Date _____

Applicant's Signature _____ Date _____

WARNING: SECTION 1001 OF TITLE 18 OF THE UNITED STATES CODE MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFUL FALSE STATEMETNS OR MISREPRESENTATION OF ANY MATERIAL FACT INVOLVING THE USE OF OR OBRAINING OF FEDERAL FUNDS.