



**CURRENT APPLICANTS UPDATING THEIR APPLICATION ONLY**

**Voucher Program Full Application for Admission**

Do Not Mark in This Space  
 Date Rec'd: \_\_\_/\_\_\_/\_\_\_  
 Time: \_\_\_\_\_

**HOUSEHOLD COMPOSITION**

List all household members starting with the Head of Household. Please note that children listed in this section MUST reside in the assisted household at least 51% of the time; verification may be requested by the Housing Authority. If additional room is needed, attach additional paper. All information is required.

NAME	RELATIONSHIP TO HEAD OF HOUSEHOLD	RACE <sup>1</sup>	ETHNICITY <sup>2</sup>	DOB	SEX	SSN
	HEAD/SELF					

**MARTIAL STATUS:**  Married  Single  Divorced  Separated  Widowed

**CURRENT LIVING SITUATION**

Check all that apply:

- Renting       Living with family or friends       Homeless  
 Public Housing    Project Based Section 8 Property    Motel/Hotel  
 Other: \_\_\_\_\_

If renting, what is your current rent? \$ \_\_\_\_\_

What utilities do you pay?  
 \_\_\_\_\_

Are you currently in a lease?  Yes  No

If yes, does your current landlord accept Housing Choice Vouchers (Section 8)?  Yes  No

If no, do you have the resources to pay a rental deposit?  Yes  No

<sup>1</sup> Race: For statistical purposes, only. Providing this information is optional. The housing authority collects statistical data on ethnicity and race in accordance with federal regulations. Use appropriate number: [1] White [2] Black [3] American Indian or Alaska Native [4] Asian [5] Native Hawaiian or Other Pacific Islander [6] Mixed [7] Other.

<sup>2</sup> Ethnicity: People of various races may also be of Hispanic ethnicity. Please indicate if you are Hispanic [H] or Non-Hispanic [N].

**INCOME & ASSET INFORMATION**

Please answer each of the following questions. For each “Yes” provide the details below.

	YES	NO
1. Is any member of your household employed, full-time, part-time, or seasonally?		
2. Does any member of your household expect to work for any period during the next 12 months?		
3. Does any member of your household work for someone who pays them in cash?		
4. Is any member of your household on leave of absence from work due to lay-off, medical, maternity, or military leave?		
5. Does any member of your household now receive, or expect to receive, unemployment benefits?		
6. Does any member of your household now receive, or expect to receive, child support?		
7. Is any member of your household entitled to child support that he/she is not receiving?		
8. Does any member of your household now receive, or expect to receive, alimony payments?		
9. Is any member of your household entitled to alimony payments that he/she is not receiving?		
10. Does any member of your household receive or expect to receive welfare assistance (SNAP)?		
11. Does any member of your household receive or expect to receive Social Security benefits?		
12. Does any member of your household receive or expect to receive income from a pension or annuity plan?		
13. Does any member of your household receive any cash contributions from individuals not living in the unit or from other agencies?		
14. 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 rental property?		
15. Do you or any member of your household receive financial aid including athletic scholarships that cover housing costs from attending a college or university?		
16. Does anyone outside of your household pay for any of your bills or give you money?		

If “yes” to any of the above, please explain: \_\_\_\_\_

**HOUSEHOLD INCOME**

Please list all income for all household members and provide documentation of all income.

FAMILY MEMBER	SOURCE/TYPE OF INCOME <sup>3</sup>	GROSS INCOME <sup>4</sup>

<sup>3</sup> Sources of Income: Includes paid wages, medical leave pay, unemployment, child support, alimony, welfare assistance (SNAP), Veteran’s pension or disability pay, other pension, annuity, income from assets, regular contributions from anyone outside of your household.

<sup>4</sup> Gross Income: State amount of income per month, week, bi-weekly (as applicable), and hourly pay amount and hours per week for employment.

**ASSET INFORMATION**

Please list all account information for each family member. **Bank statements will need to be provided for all listed accounts.**

FAMILY MEMBER	TYPE OF ACCOUNT	BANK OR INSTITUTION	CURRENT AMOUNT

Do you own a home or other real estate?  Yes  No  
If yes, what is the present value? \_\_\_\_\_

Have you sold or given away real property or other assets in the past two years?  Yes  No  
If yes, what is the current market value of the asset? \_\_\_\_\_

**DISABILITY INFORMATION**

**Documentation will need to be provided for verification.**

Is the head of household or spouse a person with disabilities?  Yes  No

If yes, do you need an accommodation to help you complete the application process?  Yes  No

Do you need accommodation in housing features because of your disability?  Yes  No

If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

**DISABILITY ASSISTANCE EXPENSE**

Do you pay for care, or expenses, for a disabled family member that allows any adult member to work?  
 Yes  No

Do you pay for equipment that allows any adult family member to work? (i.e., costs to equip a vehicle to make it accessible to allow a disabled member to drive to work)  Yes  No

Name of family member who is enabled to work: \_\_\_\_\_

Monthly Amount of Expense: \$ \_\_\_\_\_

**MEDICAL EXPENSES FOR ELDERLY AND/OR DISABLED FAMILIES ONLY**

Please let us know if you or any member(s) of your household have out-of-pocket expenses for the following:

Medicare  Yes  No

Do you have any other kind of medical insurance?  Yes  No

If yes, what is your premium? \$ \_\_\_\_\_

Do you receive medical assistance through the welfare department?  Yes  No

Do you have outstanding medical bills on which you are paying?  Yes  No

Do you expect to have any medical expenses during the next 12 months?  Yes  No

If you answered “Yes” to any of the questions in the section above, please list in the chart below.

**For deductions to be counted you must provide receipts for all medical expenses**

FAMILY MEMBER	DESCRIPTION OF EXPENSES (Premium, Medical Bills, Expenses, etc.)	COST

**CHILDCARE EXPENSES**

If you pay for childcare that enables you or another family member to work or go to school, please list below.

**Verification by your childcare provider is required, a form can be supplied by contacting our office.**

Enables someone to:  Work  Schooling

CHILD’S NAME	CHILD’S AGE	CHILDCARE PROVIDER/ADDRESS	WEEKLY COST
			\$
			\$
			\$
			\$
			\$

Do you attend a college or university?  Yes  No

If yes, what is the cost of your tuition, fees, and books? \_\_\_\_\_

\_\_\_\_\_

I/We certify that the information contained here is correct and complete to the best of my/our knowledge. I hereby authorize the Fayetteville Housing Authority (FHA) to obtain any and all information necessary to determine my eligibility under the Housing Choice Voucher Program. I understand that such information will be kept confidential and will be used only for program purposes.

_____ Printed Name of Head of Household	_____ Phone Number
_____ Signature	_____ Email
_____ Address	_____ City, State, Zip

**\*WARNING:** Section 1001 of Title 18 of the W.S. Code makes it a criminal offense to make willful false statements of misrepresentation to any department or agency of the United States as to any matter within its jurisdiction.

*The Fair Housing Act, as amended, prohibits discrimination in the sale, rental, and financing of dwellings, and in other housing-related transactions, based on race, color, national origin, religion, sex, familial status (including children under the age of 18 living with parents of legal custodians, pregnant women, and people securing custody of children under the age of 18), and handicap (disability). Complaints of discrimination may be forwarded to the Office of Fair Housing and Equal Opportunity, Department of Housing and Urban Development, Room 5204, 451 Seventh Street, SW, Washington, DC 20410-2000 or call (voice) 1-800-669-9777, 1-817-978-5900 or (TTY) 1-817-978-5595.*

#### Privacy Act Notice

Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the Fair Housing Act (42 U S C 3601-19). The Housing and Community Development Act of 1987 (42 UAC 3543) requires applicants and participants to submit the Social Security Number for each household member who is six (6) years old or older.

Purpose: To allow HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities by collecting your income and any other necessary information.

Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government’s financial interest, and to verify the accuracy of the information you provide. The information may be released to the appropriate Federal, State, and local agencies, when relevant, and to civil, criminal or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law.

Penalty: You must provide all the information requested by the FHA, including all Social Security Numbers you, and all other household members aged six (6) years or older have or use. Giving the Social Security Numbers of all household members six (6) years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.



If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please call 479-521-3850 or email [programs@fayettevilleha.org](mailto:programs@fayettevilleha.org)