

.THIS SECTION FOR OFFICE USE ONLY

Date: _____

Received By: _____

Time: _____

Bedroom Size: _____

APPLICATION FOR ADMISSION
HOUSING AUTHORITY OF THE CITY OF CROSS PLAINS

We will provide assistance to individuals with a handicap or disability to insure equal access to this document. If you require assistance or help in understand this document we will provide assistance. You must notify this office to arrange for assistance.

THIS FORM MUST BE COMPLETED IN FULL AND SIGNED BY ALL PERSONS AGE 18 AND OVER. Failure of the applicant or participant to sign this application constitutes grounds for denial of eligibility or termination of assistance or tenancy.

Complete this form in your own handwriting in ink. Use the correct legal name for each person who will reside in the apartment as it appears on the Social Security card or other legal forms of identification. All persons age 18 and over must sign this application certifying the information pertaining to them is correct. Do not leave blank any section of the application. If that section does not apply to you, write N/A.

I. APPLICANT INFORMATION:

Name of Head of Household: _____ Mailing Address: _____ Daytime Phone: _____

Name of Relative: _____ Mailing Address: _____ Daytime Phone: _____

II. HOUSEHOLD COMPOSITION:

Race of Head of Household (check one)

- White
- Black/African American
- American Indian/Alaskan Native
- Asian
- Native Hawaiian/Other Pacific Islander

Ethnicity (check one)

- Hispanic or Latino
- Not Hispanic or Latino

Adults (age 18 & over)	MI	Relation to Head	Sex M/F	Social Security Number	Elderly/Disabled	Date of Birth	Place of Birth
Last, First							

Children (under age 18)	MI	Sex M/F	Social Security Number	Date of Birth	Place of Birth	Name & Address of Absent Parent (not living with child)
Last, First						

Which of the following do you claim? (Check one)

- I am a citizen, naturalized Citizen or National of the United States
- I am a non-citizen with eligible immigration status.
- I am a non-citizen without eligible immigration status.
- Pending verification

In case of emergency contact: Name: _____

Address: _____ Telephone: _____
Street City State Zip

Does anyone in your household require special accommodation due to a disability? _____

If yes, specify requirements: _____

Do you pay for Assistance Care or for auxiliary apparatus for a disabled household members in order for them or another family member to work? _____ If yes, itemize: _____

III. TOTAL HOUSEHOLD INCOME:

List all money earned or received by **everyone** living in the household. This includes but is not limited to gross wages, self-employment, child support, Social Security, SSI, Worker’s Compensation, Unemployment benefits, retirement benefits, TANF, Veteran’s benefits, alimony, babysitting, rental property income. Income from banks such as interest on savings bonds, checking accounts, and CDs. Also include any regular contributions to the household from any person outside the household.

Name of Household Member Who Receives Income	Source or Type of Income (Name of Employer, Company, Absent Parent, TANF, SS, SSI, VA, Bank, Individual, etc.)	How Often? (Monthly, Weekly, Bi-weekly)	Gross Income (Cash or Check before deductions)	List any changes anticipated

Is the Head of Household or Spouse of the Head of Household in the Armed Services? _____

Does anyone help you pay bills regularly? Yes _____ No _____

If yes, who? _____ How often? _____ How much? _____

IV. ASSETS

Do any household members have or receive income from assets: (check all that apply)

- Real Estate
- Stocks/Bonds
- Savings Accounts
- Company Retirement
- Pension Fund
- Insurance Settlements
- Certificate of Deposit
- Trusts
- Checking Account
- Other: _____

Has any member of the household given away or sold any asset for less than fair market value in the past 2 years? _____

If yes, what? _____ What was its' market value _____

How much did you actually receive _____

V. CHILDCARE AND MEDICAL INFORMATION

Do you pay for Child Care for children age 12 or younger while you work or attend school? _____

If yes, Name of Child Care Provider: _____ How much per month? _____

If the Head of Household or Spouse are age 62 or older OR disabled regardless of age, list all medical expenses anticipated for the next 12 months that will not be reimbursed by insurance or other outside source. (This includes but is not limited to: prescriptions, physicians' bills, hospital bills, insurance premiums, and over-the-counter medications) Back-up info required.

Medical Expense	Yearly Total	Medical Expense	Yearly Total

VI. GENERAL INFORMATION

Current Landlord : _____ Address: _____ Phone: _____

Previous Landlord: _____ Address: _____ Phone: _____

Have you or any household member ever lived in public housing or received housing assistance? Yes _____ No _____

If yes, under whose name? _____

Where? _____ Date: From _____ to _____

Do you owe money on any type of claim to any Housing Authority in the United States where you or any household member has lived after age 18? Yes ____ No ____ If yes, where? _____ How much _____

Does any household member 18 years or older have a debt with a utility company or previous landlord? Yes ____ No ____

If yes, with whom? _____ How much? _____

Have you or any household member ever used any other name or social security number than the one used on this application? Yes _____ No _____. If yes, list: _____

Are you or any household member required to report to a probation or parole officer? Yes _____ No _____

Have you or any household member ever been arrested for drug or alcohol related activity, or violent criminal activity? Yes _____ No _____. If yes, give name of household member: _____

Explain: _____

Do You own a vehicle(s)? Yes _____ No _____

If yes, list Make: _____ Model: _____ Color: _____ Tag # _____

APPLICANT/TENANT CERTIFICATION

All family members age 18 and over should review the information listed on this application and MUST sign below.

I/We do hereby attest that all the information* given to the Housing Authority of the City of Cross Plains on household composition, income, net family assets, and allowances and deductions is accurate and complete to the best of my/our knowledge and belief. I/We understand that I/We must report any changes in income, assets, family composition, or address to the Housing Authority with 14 days of such change. I/We further understand that false statements or information are punishable under Federal Law and are grounds for denial of this application and subsequent housing.

I/We understand that this application is valid for six (6) months unless renewed or updated by the applicant.

SIGNATURE OF HEAD OF HOUSEHOLD

DATE

SIGNATURE OF SPOUSE OF HEAD OF HOUSEHOLD

DATE

SIGNATURE OF OTHER ADULT

DATE

*After verification by this Housing Authority, the information will be electronically submitted to the Department of Housing and Urban Development or its agent on Form HUD-50058 (Family Report). For additional information on its use, see the Right of Information/Federal Privacy Act Notice, HUD-9886.

If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity national toll-free hotline at 1-800-424-8590 or local Fair Housing hot line at 1-800-739-3611.

Do NOT write below this line (For PHA use only)

Record of Offers:

Date: _____ Unit # _____ Project # _____ B/R size: _____ Bldg. # _____ Bldg Ent # _____

Accepted: _____ Moved in: _____ Rejected: _____

Earliest date next offer can be made: _____ Removed: _____

Date: _____ Unit # _____ Project # _____ B/R size: _____ Bldg # _____ Bldg Ent # _____

Accepted: _____ Moved in: _____ Rejected: _____

Earliest date next offer can be made: _____

Date: _____ Unit:# _____ Project # _____ B/R size: _____ Bldg # _____ Bldg. Ent # _____

Accepted: _____ Moved in: _____ Rejected: _____