

ELIGIBILITY APPLICATION FOR RENTAL ASSISTANCE

This form must be completed in your own handwriting. You must use the correct legal name for each member of your household as it appears on the social security card. All adult members of the household must sign the form certifying the information pertaining to them. **PLEASE USE INK.**

Name of Head of Household: _____

Present Address: _____

Mailing Address: _____

Phone Number: _____ Message Number: _____

Household Composition: List everyone who will be living in the home when you receive assistance, list head first.

ADULTS: List family members who are 18 years of age, or older. Last Name, First Name, M.I.	Relationship To Head of Household	M or F	Race	Date of Birth	Age	Disabled Y or N	Single/Married/Divorced/Separated/Widowed
	Self						

CHILDREN: List family members who are 17 years of age, or younger. Last Name, First Name, M.I.	Relationship To Head of Household	M or F	Race	Date of Birth	Age	Disabled Y or N	Name of Absent Parent

List Birthplace, Social Security Number and Status of each person who will be living in the household. List Head of Household first.

Name	Place of Birth City and State	Social Security Number	Citizenship Status	If Student, School Attend

CURRENT HOUSING STATUS

Are you: Renting Homeless Staying with Friends/Family Own my home
 Landlord's Name: _____ Phone #: _____
 Address: _____
 Monthly rent: _____ Number of bedrooms: _____

Please answer these questions for you and all people who will be living in your household

If you receive HUD assistance, do you plan to move? Yes No
 Are you being evicted? Yes No
 Have you ever been evicted? Yes No
 Are you living in government subsidized housing now? Yes No
 Have you previously received HUD assistance from the Klamath Housing Authority? Dates: _____ Yes No
 Have you received HUD assistance from any other Housing Authority? Where? _____ Dates: _____ Yes No
 Have you ever committed any fraud in a federally assisted housing program or been requested to repay money for knowingly misrepresenting information for housing programs? Yes No
 Have you ever been charged/convicted for drug-related criminal activity? What? _____ When? _____ Yes No
 Have you ever been charged/convicted for violent criminal activity? What? _____ When? _____ Yes No
 Are you required to register as a sex offender? Yes No
 Have you ever been terminated from the Section 8 Certificate or Voucher Program? When? _____ Where? _____ Yes No
 Why? _____
 Have you ever been evicted from HUD Public Housing? Yes No
 Why? _____
 Have you ever been evicted from federally assisted housing? Yes No
 Why? _____
 Is anyone living with you now who is not listed on page one? Yes No
 Who and why? _____
 Do you plan to have anyone living with you when you receive assistance who is not listed on this application? Yes No
 Who and why? _____
 Have you ever used any other first or last names? Names: _____ Yes No
 Have you ever used any other social security number? Yes No
 Explain: _____

Household Assets

Do you have a checking or savings account? Yes No
 Do you have any CD's or Money Market Funds? Yes No

Please list all accounts

Name on account	Type of account	Name & Address of Bank	Account number	Approximate Amount

Do you own any real estate, rental property, boat or mobile home? Yes No
 Do you own any stocks/bonds? Yes No
 Do you have any trusts? Yes No
 If yes, is the trust irrevocable? Yes No
 Do you have any IRA/Keogh/401K or any other retirement accounts? Yes No
 Do you have a life insurance policy that has a cash value? Yes No
 Do you have any other type of asset not identified above? Yes No
 Do you have any assets held jointly with another person? Yes No

During the past two years have you sold, traded or given away any real property or assets? Yes No

During the past two years have you been a party to a trust settlement or divorce proceeding? Yes No
 Do you have more than \$200 cash held? Yes No

Please explain any yes answers: _____

HOUSEHOLD INCOME

Are you employed full-time, part-time or seasonally? Yes No
 Do you expect to work for any period during the next twelve months? Yes No
 Do you work for someone who pays you in cash? Yes No
 Do you work in exchange for food, housing, etc.? Yes No
 Are you on leave of absence from work due to lay-off, medical, maternity or military leave? Yes No

Employer	Address	Phone Number	Person Employed
_____	_____	_____	_____
_____	_____	_____	_____

Do you receive or expect to receive unemployment? Yes No
 Do you now receive child support? Yes No
 Are you entitled to child support you are not receiving? Yes No
 Do you receive alimony or spousal support? Yes No
 Are you entitled to alimony or spousal support you are not receiving? Yes No
 Do you receive food stamps? Yes No
 Do you receive cash assistance from AFS (welfare)? Yes No
 Do you receive day-care assistance from AFS? Yes No
 Do you receive income from pensions or retirement funds? Yes No
 Do you receive or expect to receive income from annuities? Yes No
 Do you receive or expect to receive income from insurance policies? Yes No
 Do you receive Social Security, SSD, SSI and /or SSB? Yes No
 Do you receive income from rental property? Yes No
 Do you receive money from other people or charitable organizations? Yes No
 Do you receive non-cash gifts for rent, utilities, groceries, clothing, household supplies, gas for car? Yes No
 Do you receive any type of grant, scholarship, etc. to attend school? Yes No
 Do you have any other type of income not listed above? Yes No

Please list all income and amounts

Family Member	Source of Income	Monthly Amount

HOUSEHOLD EXPENSES

Do you pay for **child care** that enables you to work or go to school? Yes No

1) Child Care Provider Name: _____
 Address: _____
 Phone Number: _____

2) Child Care Provider Name: _____
 Address: _____
 Phone Number: _____

Elderly/Disabled Families only

Do you have Medicare? Yes No
 If yes, what are your premiums? _____

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

If yes: Insurance Name _____

Address _____

Policy # _____ Premium Amount \$ _____

Does the State pay any of your medical expenses? _____ Yes _____ No

Are you making regular monthly payments to a doctor, hospital or pharmacy? _____ Yes _____ No

If yes, give name and address

Name: _____ Address: _____

Name: _____ Address: _____

Name: _____ Address: _____

Name: _____ Address: _____

Who is your primary physician? _____

If the Head of Household or Spouse is elderly and/or disabled, do you pay for a care attendant or special equipment? _____ Yes _____ No

If you have a live-in care provider, list name: _____

MESSAGE PERSON: List a person we might contact in an emergency if our office can not contact you:

Name: _____ Phone _____

Address: _____

If you or someone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact the Klamath Housing Authority at 541-884-0649.

PRIVACY ACT STATEMENT: The information on this form is being collected by the Department of Housing and Urban Development (HUD) to determine eligibility; recommended unit size; and the amount of contribution by the family. It will be used to provide the basis for managing the programs covered by this form, for protecting the government's financial interest, and for verifying the accuracy of the information furnished. It may be released to appropriate Federal, State and local agencies when relevant, to civil, criminal or regulatory investigators or prosecutors. The department is authorized to ask this information by the U.S. Housing Act of 1937, as amended 42 U.S.C., 1437 et reg., the Housing and Community development amendments of 1981, R.L. 97-35, 85 Stat., 348,408.

APPLICANT/TENANTS CERTIFICATION: I/We certify that all the information provided on household composition, income, family assets and items for allowances and deductions, is accurate and complete to the best of my/our knowledge. I/We have reviewed the application form and certify that I/we are requesting housing assistance based on the information I/we have given here, and any discrepancy or omission could deny or delay assistance.

I/We understand that knowingly supplying false, incomplete, or inaccurate information is punishable under Federal or State Criminal Law. I/we understand that knowingly supplying false, incomplete or inaccurate information is grounds for denial or termination of housing assistance.

SIGNATURE AND DATE OF ALL HOUSEHOLD ADULTS:

Name: _____ Date: _____

Name: _____ Date: _____

Name: _____ Date: _____

Name: _____ Date: _____

