

LOW INCOME PUBLIC HOUSING APPLICATION

DATE _____

Property Name _____ PO BOX 650, MELBOURNE, AR 72556

TIME _____

NAME _____		Date of Birth _____	SS NO _____	
ADDRESS _____			Sex: Male <input type="checkbox"/>	Female <input type="checkbox"/>
			PHONE NO _____	
RACE/NATIONAL ORIGIN OF APPLICANT				
Asian or Pacific Islander <input type="checkbox"/>		White, Non-Hispanic <input type="checkbox"/>	Black, Non Hispanic <input type="checkbox"/>	Hispanic <input type="checkbox"/>
		American Indian or Alaskan Native <input type="checkbox"/>		
MARITAL STATUS				
Married <input type="checkbox"/>	Separated <input type="checkbox"/>	Single <input type="checkbox"/>	Divorced <input type="checkbox"/>	Widowed <input type="checkbox"/>

PREVIOUS ADDRESS: _____

CURRENT LANDLORD: _____
 ADDRESS: _____
 PHONE NUMBER: _____

EMPLOYED BY _____
 ADDRESS: _____
 PHONE NUMBER: _____

SPOUSE EMPLOYED BY _____
 ADDRESS: _____
 PHONE NUMBER: _____

REASON FOR WANTING TO MOVE: _____

PERSONAL REFERENCES:

NAME _____ ADDRESS _____ PHONE _____
 NAME _____ ADDRESS _____ PHONE _____
 NAME _____ ADDRESS _____ PHONE _____

CREDIT REFERENCES:

NAME _____ ADDRESS _____ PHONE _____
 NAME _____ ADDRESS _____ PHONE _____
 NAME _____ ADDRESS _____ PHONE _____

PREVIOUS LANDLORDS:

NAME _____ ADDRESS _____ PHONE _____
 NAME _____ ADDRESS _____ PHONE _____
 NAME _____ ADDRESS _____ PHONE _____

HOUSEHOLD INFORMATION

	NAME	SEX	RELATIONSHIP	DATE OF BIRTH	SOCIAL SEC NO.
1					
2					
3					
4					
5					
6					



Please attach copy of driver's license or any other federal photo ID, and social security card.



Income, Asset and Expense Information

Please answer each of the following questions. For each "yes", please provide detail in the chart below.

Does any member of your household:

- Yes No 1. Work full-time, part-time or seasonally?
- Yes No 2. Expect to work for any period during the next year?
- Yes No 3. Work for someone who pays them cash?
- Yes No 4. Expect a leave of absence from work due to lay-off, medical, maternity, or military leave?
- Yes No 5. Now receive or expect to receive unemployment benefits?
- Yes No 6. Now receive or expect to receive child support?
- Yes No 7. Have an entitlement to receive child support that he/she is not now receiving?
- Yes No 8. Now receive or expect to receive alimony?
- Yes No 9. Have an entitlement to receive alimony that is not currently being received?
- Yes No 10. Now receive or expect to receive public assistance (welfare)?
- Yes No 11. Now receive or expect to receive Social Security benefits?
- Yes No 12. Now receive or expect to receive income from a pension or annuity?
- Yes No 13. Now receive or expect to receive regular contributions from organizations or individuals not living in the unit?
- Yes No 14. 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?
- Yes No 15. Own real estate or any assets for which you receive no income (checking account, cash)?
- Yes No 16. Have you sold or given away real property or other assets (including cash) in the past two years?
- Yes No 17. Do you have expenses for child care of a child aged 12 or younger?
If yes, provide the name, address, and telephone number of the care provider:

What is the weekly cost to you of the child care? _____

- Yes No 18. Do you pay a care attendant or for any equipment for any household member(s) with disabilities necessary to permit that person or someone else in the household to work?
If you pay a care attendant, provide the name address and telephone number:

What is the weekly cost to you for the care attendant and/or the equipment? _____

- Yes No 19. Are you receiving food stamps?

Member #	Source of Income/Type of Income	Annual Income
1		



HAS ANYONE IN YOUR HOUSEHOLD EVER HAD EARNED INCOME THAT WAS NOT INCLUDED IN THE CALCULATION FOR RENT IN SUBSIDIZED HOUSING? Yes No

HAVE YOU BEEN ON HUD OR RENTAL ASSISTANCE , OR LIVED IN PUBLIC HOUSING? Yes No
IF SO WHERE? _____

HAVE YOU EVER BEEN EVICTED OR REFUSED HOUSING ELSEWHERE? Yes No
IF SO, WHERE? _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME? Yes No

ARE YOU CURRENTLY USING AN ILLEGAL CONTROLLED SUBSTANCE, OR BEEN CONVICTED OF THE SAME? YES NO

ATTENTION **HANDICAPPED/DISABLED** **APPLICANTS**
Applicants may be eligible for income adjustments if the tenant or co-tenant has a handicap or disability, as defined by federal law. Additional information will be required to verify eligibility. :

PLEASE CHECK HERE IF YOU ARE IN NEED OF SPECIAL ACCOMMODATIONS

Rent on the above apartments is determined by the applicant's income. Handicap units are available and priority will be given to those who require special design features. All reasonable request for special accommodations will be reviewed by Management and in all cases possible will be met. Arkansas State Relay Service provides a toll free 24-hour-a-day service for the hearing impaired. That phone number is 1-800-285-1131. White River Regional Housing Authority provides Equal Housing Opportunities.

I/We certify that the information given to the White River Regional Housing Authority on household composition, income, net family assets, and allowance and deductions is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal Law. I/We also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy.

By signing this application below, I certify that neither I nor any member of my family is involved in the abuse of alcohol, drugs, or violent criminal activity that effects the health, safety or welfare of others. I understand that false statements or information are grounds for termination of housing assistance and termination of tenancy.

Applicant's Signature _____

Co-Applicant's Signature _____

HOW DID YOU LEARN ABOUT THESE APARTMENTS? Road Signs Web Site Residents
Radio Name of Station _____ Driving by project
Newspaper Name of Newspaper _____
Other _____
Please Explain



Is any member of your household subject to a lifetime registration requirement under a state sex offender registration program?

No

Yes

APPLICANT/TENANT AUTHORIZATION FOR RELEASE OF INFORMATION

I authorize the release of any information (including documentation and other materials pertinent to eligibility for or participation in any assisted housing program

INFORMATION INQUIRIES ABOUT.

CHILD CARE EXPENSES	FEDERAL, STATE, TRIBAL OR LOCAL BENEFITS
CITIZENSHIP	HANDICAPPED ASSISTANCE EXPENSES
CREDIT HISTORY	IDENTITY AND MARITAL STATUS
CRIMINAL ACTIVITY	MEDICAL EXPENSE
FAMILY COMPOSITION	SOCIAL SECURITY NUMBERS AND BIRTH DATES
EMPLOYMENT, INCOME PENSION, & ASSETS	RESIDENCES AND RENTAL HISTORY

INDIVIDUALS OR ORGANIZATIONS THAT MAY RELEASE INFORMATION:

BANKS & OTHER FINANCIAL INSTITUTIONS	US SOCIAL SECURITY ADMINISTRATION
COURTS	UTILITY COMPANIES
LAW ENFORCEMENT AGENCIES	WELFARE AGENCIES
CREDIT BUREAUS	PROVIDERS OF
EMPLOYERS, PAST AND PRESENT	ALIMONY
LANDLORDS	CHILD CARE
PENSIONS AND/OR ANNUITIES	CREDIT
SCHOOLS AND COLLEGES	HANDICAPPED ASSISTANCE
US DEPARTMENT OF VETERANS AFFAIRS	MEDICAL CARE
US DEPARTMENT OF IMMIGRATION & NATURALIZATION	CHILD SUPPORT

I agree that photocopies of this authorization may be used for the purpose stated above. If I do not sign this authorization, I also understand that my housing assistance may be denied or terminated.

Signature

Date

Signature

Date

I certify that the above-named individual has read this document fully or that I have read it to him/her and I have explained its contents and answered any questions to the best of my ability and that he/she understood the significance of this document at the time of signing.

Housing Authority Representative

Date

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

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Signature of Applicant**Date**

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.