HOUSING ASSISTANCE PROGRAM ASSISTANT APPLICANTS IN FOUND OUT FARM

PART A. EVIDENCE OF INCOME

Income Statement

Income for the 12 months ending with the application date must be shown on the form.

Housing Allowance

Housing Allowance must be shown on the form.

Adjusted Gross Income

Adjusted Gross Income must be shown on the form.

Other Income

Other Income must be shown on the form.

All other income must be shown on the form.

Note: The adjusted gross income must include all income from all sources, including rental income, social security, pension, unemployment compensation, etc.

PART B. EVIDENCE OF HUSBAND, WIFE, OR SPOUSE

Income Statement

Income for the 12 months ending with the application date must be shown on the form.

Housing Allowance

Housing Allowance must be shown on the form.

Adjusted Gross Income

Adjusted Gross Income must be shown on the form.

Other Income

Other Income must be shown on the form.

All other income must be shown on the form.

Note: The adjusted gross income must include all income from all sources, including rental income, social security, pension, unemployment compensation, etc.

PART C. EVIDENCE OF HUSBAND, WIFE, OR SPOUSE

Income Statement

Income for the 12 months ending with the application date must be shown on the form.

Housing Allowance

Housing Allowance must be shown on the form.

Adjusted Gross Income

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Other Income

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Note: The adjusted gross income must include all income from all sources, including rental income, social security, pension, unemployment compensation, etc.

PART D. EVIDENCE OF HUSBAND, WIFE, OR SPOUSE

Income Statement

Income for the 12 months ending with the application date must be shown on the form.

Housing Allowance

Housing Allowance must be shown on the form.

Adjusted Gross Income

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Other Income

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All other income must be shown on the form.

Note: The adjusted gross income must include all income from all sources, including rental income, social security, pension, unemployment compensation, etc.

PART E. EVIDENCE OF HUSBAND, WIFE, OR SPOUSE

Income Statement

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Housing Allowance

Housing Allowance must be shown on the form.

Adjusted Gross Income

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Other Income

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PART F. EVIDENCE OF HUSBAND, WIFE, OR SPOUSE

Income Statement

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Housing Allowance

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Adjusted Gross Income

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Other Income

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Note: The adjusted gross income must include all income from all sources, including rental income, social security, pension, unemployment compensation, etc.

PART G. EVIDENCE OF HUSBAND, WIFE, OR SPOUSE

Income Statement

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Housing Allowance

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Adjusted Gross Income

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Other Income

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Note: The adjusted gross income must include all income from all sources, including rental income, social security, pension, unemployment compensation, etc.

PART H. EVIDENCE OF HUSBAND, WIFE, OR SPOUSE

Income Statement

Income for the 12 months ending with the application date must be shown on the form.

Housing Allowance

Housing Allowance must be shown on the form.

Adjusted Gross Income

Adjusted Gross Income must be shown on the form.

Other Income

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Note: The adjusted gross income must include all income from all sources, including rental income, social security, pension, unemployment compensation, etc.

PART I. EVIDENCE OF HUSBAND, WIFE, OR SPOUSE

Income Statement

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Housing Allowance

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PART J. EVIDENCE OF HUSBAND, WIFE, OR SPOUSE

Income Statement

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Other Income

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Note: The adjusted gross income must include all income from all sources, including rental income, social security, pension, unemployment compensation, etc.

PART K. EVIDENCE OF HUSBAND, WIFE, OR SPOUSE

Income Statement

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Housing Allowance

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Adjusted Gross Income

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Other Income

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Note: The adjusted gross income must include all income from all sources, including rental income, social security, pension, unemployment compensation, etc.

PART L. EVIDENCE OF HUSBAND, WIFE, OR SPOUSE

Income Statement

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Housing Allowance

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Adjusted Gross Income

Adjusted Gross Income must be shown on the form.

Other Income

Other Income must be shown on the form.

All other income must be shown on the form.

Note: The adjusted gross income must include all income from all sources, including rental income, social security, pension, unemployment compensation, etc.
**PART A. APPLICANT'S STATEMENT**

1. Name (First, Middle, Last Name): [Redacted]

2. Address: [Redacted]

3. Telephone Number: [Redacted]

4. Alien Registration Number: [Redacted]

5. Employment: (a) Occupation: [Redacted]
   (b) Social Security Number: [Redacted]
   (c) Years Employed: [Redacted]
   (d) Employee: [Redacted]

**PART B. HOUSEHOLD COMPOSITION AND ANNUAL INCOME**

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Relationship</th>
<th>Income Last 12 Months</th>
</tr>
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<tbody>
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<table>
<thead>
<tr>
<th>(2) TOTALS</th>
<th>(3)</th>
<th>(4)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>(5)</th>
</tr>
</thead>
</table>

6. Assets: (a) Household Members Combined

7. Total: [Redacted]

**PART C. INCOME REQUIREMENTS**

<table>
<thead>
<tr>
<th>(a) Monthly Income Source</th>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
</table>

**PART D. ANNUAL EXPENSES**

<table>
<thead>
<tr>
<th>(a) Monthly Expenses Description</th>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
</table>

**PART E. CREDENTIALS FOR ALLOWANCE**

1. Social Security Card
2. Birth Certificate
3. Alien Registration Card
4. Driver's License

**WORK SHEET**

Date: [Redacted]

11. Applicant did not move in and Application is Canceled

(Comments and Notes) [Redacted]
**APPENDIX 28**

**APPLICATION FOR TENANT ELIGIBILITY FOR RENT SUPPLEMENT**

**PART A - APPLICANT'S STATEMENT:**

1. Name (Last of Family or Husband):
   - [Redacted]
2. Present Address:
   - [Redacted]
3. A. Tenants
   - [Redacted]
   - [Redacted]
4. Employment:
   - (1) Domestic: [Redacted]
   - (2) Farm Labor: [Redacted]
   - (3) Non-Farm Labor: [Redacted]
   - (4) Student: [Redacted]
   - (5) Other: None
5. House/Street Name:
   - [Redacted]
6. Occupation:
   - [Redacted]
7. Number of Persons in Household:
   - [Redacted]
8. House/Street Address:
   - [Redacted]
9. Telephone Number:
   - [Redacted]
10. Surname:
    - [Redacted]
11. First Name:
    - [Redacted]
12. Date of Birth:
    - [Redacted]
13. Sex:
    - Male
14. Social Security Number:
    - [Redacted]
15. Date of Birth:
    - [Redacted]
16. Date of Marriage:
    - [Redacted]
17. Name of Spouse:
    - [Redacted]
18. Date of Birth:
    - [Redacted]

**INCOME LAST 12 MONTHS**

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Relationship</th>
<th>Wages or Salary</th>
<th>Social Security</th>
<th>Other Income</th>
<th>Total Income</th>
<th>Benefits</th>
<th>Retirement</th>
<th>Total Retirement Income</th>
<th>Total Income &amp; Benefits</th>
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<td></td>
<td></td>
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<td>500</td>
</tr>
</tbody>
</table>

**6. ASSETS (All Household Members Combined):**

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Relationship</th>
<th>Income</th>
<th>Benefits</th>
<th>Total Income &amp; Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>25</td>
<td>Spouse</td>
<td>500</td>
<td>500</td>
<td>1000</td>
</tr>
<tr>
<td></td>
<td>30</td>
<td>Child</td>
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<td>100</td>
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<tr>
<td></td>
<td>40</td>
<td>Child</td>
<td>200</td>
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<td>400</td>
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<td>Grandparent</td>
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<tr>
<td></td>
<td>70</td>
<td>Grandparent</td>
<td>500</td>
<td>500</td>
<td>1000</td>
</tr>
</tbody>
</table>

**ANNUAL EXPENSES:**

1. Disability or Continuing Illness
   - [Redacted]
2. Care of Children
   - [Redacted]
3. TOTAL UNUSUAL EXPENSES
   - [Redacted]

**EXEMPLARY REQUIREMENTS (When Appropriate):**

- 1. Physically Handicapped (Elderly Homecare: Home or Surgery has a physical impairment which (a) is apparent to be of long-duration and relatively permanent, (b) is supportive of the necessity to be on home care permanently or (c) is to such a nature that such ability could be improved by home remedies or medical and health from Doctor, Clinic, or VHA)
- 2. Reduced Capacity (Reduced capacity without physical handicap)
- 3. Senior Citizen (For Elderly Homecare: Home or Surgery)
- 4. Military or Active Duty

**WARNING**

Section 101 of Title 1 of the United States Code makes it a Criminal Offense to make a false statement on an application for or representation in any Department or Agency at the United States or to any matter within the jurisdiction of such Department or Agency.

**PART B - ELIGIBILITY FOR RENT SUPPLEMENT:**

1. Number of Bedrooms Needed
   - [Redacted]
2. Area Income Ceiling
   - [Redacted]
3. Adjusted Annual Income (Part A Item 4(b))
   - [Redacted]
4. Total Annual Income (Part A Item 4(c))
   - [Redacted]
5. Amount of Supplement Payment (3 - 4)
   - [Redacted]
6. Average Monthly Income (June 1 - 12)
   - [Redacted]

**CERTIFICATE OF ELIGIBILITY:**

The above information has been reviewed and the applicant is [Redacted] eligible for rent supplement payments in an amount of [Redacted] per month.

**RECOMMENDED FOR APPROVAL**

[Redacted]