APPENDIX 9

SAMPLE FORM: APPLICATION FOR ASSISTANCE

APPLICANT NAME: _________________________________________________

Current Address: __________________________________________________

City, State, Zip Code: ___________________ Alternate Phone No.: _______

Home Phone No.: ___________________

HOUSEHOLD COMPOSITION
(List the Head of Household and all other members who will be living in the unit. Give the relationship of each family member to the head.)

<table>
<thead>
<tr>
<th>Member's Full Name</th>
<th>Relationship</th>
<th>Birthdate</th>
<th>Age</th>
<th>Sex</th>
<th>Social Security Number</th>
</tr>
</thead>
</table>

Preference Information. 1/ You may qualify for a preference for housing assistance if any of the following circumstances can be verified for your family. Please check any that apply to you.

Are you currently homeless or living in substandard housing?
Please explain: ________________________________________________

Have you been (or are you about to be) displaced from your housing?
If yes, please explain the reason:
__________________________________________________________________________
__________________________________________________________________________

Citizenship Information. Are all family members U.S. citizens, nationals, or non-citizens with eligible immigrant status?

___ Yes  ___ No

List the names of any members who are not:
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

1/ Note: These are examples only. Insert the appropriate local preferences.

INCOME INFORMATION

What is the total annual income of all household members? (Include wages, salaries and tips; other income such as alimony, child support; and Social Security, AFDC or other benefits) $__________

Member's Full Name | Source of Income | Annual Amount | Payment Basis
-------------------|------------------|---------------|------------------

(weekly, monthly, etc.)
ASSET INFORMATION

List the type and source of any family assets. Provide both the current cash value and the estimated annual income from the asset.

<table>
<thead>
<tr>
<th>Member's Full Name</th>
<th>Type and Source of Asset</th>
<th>Cash Value</th>
<th>Annual Income</th>
<th>(e.g. bank accounts, investments)</th>
<th>of Asset</th>
<th>from Asset</th>
</tr>
</thead>
</table>

EXPENSE INFORMATION:

___ Yes ___ No  Does your household have unreimbursed medical expenses in excess of 3% of annual income?

___ Yes ___ No  Does your household pay child care expenses for children under the age of 13 that enable a family member to work or go to school?

___ Yes ___ No  Does your household pay care expenses for the care of a family member with disabilities that enable a family member to work?

APPLICATION CERTIFICATION: I/we understand that the above information is being collected to determine if I/we are eligible to receive rental assistance. I/we authorize the (Program Administrator) to verify all information provided on this application.

Head of Household Signature/Date

Spouse Signature/Date

-- SAMPLE --

Appendix 9

A-9.2