APPENDIX 9

SAMPLE FORM: APPLICATION FOR ASSISTANCE

APPLICANT NAME: _____

Current Address: _____

City, State, Zip Code: _____
Home Phone No.: _____ Alternate 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.)

Member's Full Name	Relationship	Birthdate	Age	Sex	Social Security Number

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.

Application for Assistance (Page Two)

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

Member's Full Name	Type and Source of Asset (e.g.bank accounts, investments)	Cash Value of Asset	Annual Income from Asset

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