

APPLICATION FOR TENANT ELIGIBILITY

Name

Address

Telephone Number

E-Mail Address

STATEMENT OF FAMILY COMPOSITION AND INCOME

List all persons presently living in your unit: Use the back of this sheet if necessary

Full Name	Social Security #	Date of Birth	Age	Sex	Relationship to Head of Household
1.					Head of Household
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

Fill in these blanks for your or each person in your unit who is working

Worker	Employer's Name and Address	Dates Worked	Pay Rates/ Annually
1.		From: To:	
2.		From: To:	
3.		From: To:	

If you or any person in your unit receives income from any of the following sources, check the source(s) and fill in the blanks

Welfare Assistance Retirement/Pension VA Benefits Child Support Soc. Security
 Unemployment Compensation Supplemental Security Income (SSI) Other

Received By	Received From (Source)	Amount
		\$ Per
		\$ Per
		\$ Per
		\$ Per

Do you or any member of your family have the following assets?

Savings/Checking Account (give name of bank) Attach bank statement	Stocks or Bonds (List by	Cash Value of Insurance Policy	Property

ALLOWANCES

MEMBER #	MEDICAL	CHILD CARE EXPENSE	AMOUNT

****ALL REPORTED INCOME MUST BE DOCUMENTED**

I/We certify that the information given to the Housing Choice (Section 8) Program on household composition, income, net family assets, allowances and deductions is accurate and complete to the best of my/our knowledge and belief. I/We understand that giving false statements or information can be grounds for termination of housing assistance.

HEAD

DATE

SPOUSE

DATE

Emergency Contact _____	Telephone Number _____	Relationship _____
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