



APPLICATION

MAINSTREAM HOUSING CHOICE VOUCHER PROGRAM

To be eligible for this program a family member **MUST** be between the age of 18-61 years old **AND** have a verified disability. Please list the family member who meets this requirement: _____

Are you currently homeless? (Preference if it can be verified by a written letter from an Agency) Yes ___ No ___

Name of Head of Household: _____

Name of Adult Co-Head of Household, if applicable: _____

Current Address: _____

Current City, State and Zip Code: _____

Cell Phone Number: _____ Another Contact Number: _____

Email Address: _____

Household Members - List the Head of Household FIRST

Name as it appears on the Social Security Card	Date of Birth XX/XX/XXXX	Age	Relationship To Head	Race	Sex	Social Security Number verification must be provided
1			SELF			
2						
3						
4						
5						
6						
7						

GENERAL INFORMATION:

Yes ___ No ___ Have you or any other household member been evicted from or owe money to another Public Housing Agency in connection with the Housing Choice Voucher Program (Section 8) or Public Housing?

Yes ___ No ___ Have you or any other household member been convicted as a sex offender or of manufacturing methamphetamines?

WHO has income?	Where does the income come from?	HOURLY WAGE	HOURS PER WEEK	PAID WHEN	GROSS AMOUNT before taxes

Yes ___ No ___ Does anyone pay any family bills or expenses, give you money or help out in any way? **This includes voluntary child support or help from absent parents.**

Yes ___ No ___ Does any family member receive Child Support (Court ordered or Voluntary)? 1st \$ _____ 2nd \$ _____ 3rd \$ _____

Yes ___ No ___ Does the family receive TANF, FITAP, or KINSHIP Care? Type _____ Amount \$ _____

Yes ___ No ___ I/family member(s) are required to attend education or work programs.

Yes ___ No ___ Does the family receive Food Stamps? Amount per month \$ _____

Yes ___ No ___ Does any family member, 18 years or older, attend school? (High School, College, Technical School, etc.) Provide school schedule.

Yes ___ No ___ Is any family member involved in any Work Study or Job Training Program? Type: _____

Yes ___ No ___ Does any family member receive Financial Aid? (PELL Grant, Student Loans, etc.)?

Amount \$ _____ Type _____ Frequency _____

ASSETS:

Yes ___ No ___ Has any family member sold or purchased any real estate in the last 12 months?

Yes ___ No ___ Does the household have total assets of \$50,000 or more? *Examples:* Bank Accounts, CD's, Life or Burial Insurance, Stocks, Bonds, Trusts, Royalties, Investments, Real Estate, Boat, Motor or Mobile Home?

EXPENSES:

Yes ___ No ___ **Medical Expenses** - The head or spouse is elderly, handicapped or disabled.

Yes ___ No ___ **Medical Expenses** - I pay for prescriptions and have included a pharmacy printout.

Yes ___ No ___ **Medical Expenses** - I pay for a prescription drug plan and have included proof of cost.

Yes ___ No ___ **Medical Expenses** - I have other medical expenses and have included proof of payment.

Yes ___ No ___ I understand that I may not claim **medical expenses** for which I receive reimbursement.

Yes ___ No ___ Are any children under 13 years old in childcare?

If the provider is an INDIVIDUAL: you must provide a statement from the provider with name, address, phone number, how often and how much is paid by the family. If the provider is a LICENSED DAY CARE: you must provide a statement from the provider with name, address, phone number, how often and how much is paid by the family. **Any reimbursed childcare expenses must be reported!**

Yes ___ No ___ Does the family receive childcare assistance? Provide printout.

I understand that I will need to provide picture identification cards for all adult household members, and birth certificates and Social Security Cards for all household members before I can be offered housing assistance.

I/we certify that the statements on this application are true to the best of my/our knowledge and belief and understand that they will be verified. I/we authorize the release of information to Community Support Programs, Inc. by my/our employer(s), the Department of Public assistance, the Social Security Administration, and/or other business or government agencies. I/we understand that any false statement made on this application will cause me/us to be disqualified for admission.

Warning: 18 U.S.C. 1001 provides, among other things that whoever knowingly and willfully makes or uses a document or writing containing false, fictitious or fraudulent statement or entry in any matter within the jurisdiction of a department or agency of the United States shall be fined not more than \$10,000 or imprisoned for not more than five years or both.

Applicant Signature Date

Co-Applicant Signature Date

Office Use Only

Date Received: _____ Time Received: _____ CSP Staff Initials: _____

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.