

Eligibility Application Form

Accessible format available on request.

Who is the Head of Household? (<i>Legal Name</i>):			Sex M/F	SSN	D.O.B.	Age
<div> <div>Last</div> <div>First</div> <div>M.I.</div> </div>						
Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian or Pacific Islander		Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	Do you, or does anyone in your household, require any modifications or accommodations in order to fully utilize the unit or the program and its services? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, explain below.			
Which of the following housing programs are you applying for? <input type="checkbox"/> Public Housing <input type="checkbox"/> Section 8 Voucher						

What is your present address?

Street address _____				
Street		City	State	Zip
Mailing address _____				
Street		City	State	Zip
Home phone: ()		Cell Phone: ()	Work Phone: ()	

What was your street address before you moved to where you live now?

Street address _____				
Street		City	State	Zip

If we were unable to reach you, whom could we contact locally?

Name _____		Telephone # _____
Address _____		Relation _____

Household Members: List the legal names of all household members below. Start with the head of household, then spouse or co-head, then minors (oldest to youngest), and then any other adults.

No.	Legal Name	Sex M/F	Relationship to Head of Household	SSN	D.O.B.	Age	School Name/Occupation
1							
2							
3							
4							
5							
6							
7							
8							

Income Information: PHA will provide a complete explanation of "income" to applicant.

Fam Mem	Source of Income	Rate/Frequency	Type of Income	Annualized Income

Did you file a Federal income tax return for the most recent year? ☐ YES ☐ NO

Does anyone outside of your household pay any of your bills or expenses? ☐ YES ☐ NO
Explain:

Do you receive child support? ☐ YES ☐ NO If yes, please list above.

Asset Information:

Fam. Mem.	Asset Description	Current/Disposed?	Market Value	Cash Value	Int. Rate (%)	Annual Income
		<input type="checkbox"/> C <input type="checkbox"/> D	\$	\$		\$
		<input type="checkbox"/> C <input type="checkbox"/> D	\$	\$		\$
		<input type="checkbox"/> C <input type="checkbox"/> D	\$	\$		\$

Banking Information:

Name of Bank	Account Number	Type	Joint/Individual	Current Balance	Avg. 6 month Balance
				\$	\$
				\$	\$
				\$	\$

Disability Assistance Expenses

Fam. Mem.	Expense description	Amount	Period	Annual Amount
		\$		\$
		\$		\$

Do you claim any of the following local preferences? (NO PREFERENCES AVAILABLE)

List: N/A	

Program Integrity Information

Do you expect anyone to move in or out of your household within the next 12 months?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Does anyone live with you now who is not listed above?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you ever lived in assisted housing before?	<input type="checkbox"/> YES	<input type="checkbox"/> NO If yes:
When? _____	Where? _____	
Under what name?	Who was Head of Household?	
Have you ever used a name other than the one you are using now?	<input type="checkbox"/> YES	<input type="checkbox"/> NO If yes:
What name?		
Have you ever used a social security number other than the one you are using now?	<input type="checkbox"/> YES	<input type="checkbox"/> NO If yes:
What is it?		
Has anyone in your household been engaged in the use, sale, manufacture or Distribution of controlled substances?	<input type="checkbox"/> YES	<input type="checkbox"/> NO If yes:
Who? _____	When? _____	What? _____
Have you ever been evicted from Public or Assisted housing for violent criminal or Drug related activity?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you ever violated a family obligation in a HUD-assisted housing program?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you owe any money to a Public Housing Agency?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are you or any member of your household (adult or minor) subject to a lifetime registration requirement under a state sex offender registration program?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Current Expenditures:

Rent	Phone	Medical	Credit Card
Electric	Auto Pmt	Cable	Credit Card
Gas	Auto Ins	Insurance	Loan
Water	Child Care	Rentals	Other
Do you have any other regular monthly payments besides those above? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes:			
Specify: _____			
If you pay for child care, who do you pay? _____			
Do you receive vouchers? <input type="checkbox"/> YES <input type="checkbox"/> NO			

Work History Where was the last place of employment for all adult household members?

Fam Mem	From (Year)	To (Year)	Employer

Public Housing Suitability Screening

Have you ever been evicted?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	If yes:
By whom?	When?	Why?	

List the landlord references and address of landlord of applicant for past five years.

Name & Address of Landlord	Address where you lived or currently live	From	To	Landlord Phone #

Credit References: List 3 credit references

Company	Account Number	Telephone

Pets

Do you have any pets? <input type="checkbox"/> YES <input type="checkbox"/> NO		
What kind?	Size:	Weight:

Vehicles: How many vehicles does the family own?

Owner	Make	Model	Year	Color	Tag #	State

Authorizations, Representations, and Certifications

I do hereby authorize Russellville Housing Authority to obtain a "consumer report" as defined in the Fair Credit Reporting Act, 15 U.S.C Sec. 1681 a(d), seeking information on the credit worthiness, credit standing, credit capacity, general reputation, or mode of living of applicants.

I understand that any misrepresentation of information or failure to disclose information requested on this application may disqualify me from consideration for admission or participation, and may be grounds for eviction or termination of assistance.

WARNING: Title 18, Section 1001 of the U.S. Code, states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any Department or Agency of the U.S. or the Department of Housing and Urban Development.

If either Head or spouse is not present, why? _____

I DO HEREBY CERTIFY THAT I HAVE REVIEWD ALL ANSWERS AND CERTIFICATIONS WITH APPLICANT PRIOR TO SIGNATURES.

PHA Representative Initial here:

PHA Representative _____ Date _____

Signature of Head of Household _____ Date _____

Signature of spouse/other adult _____ Date _____