

10 Military Service: Is there any member of your household (listed) now serving in military service

Army Air Force Marines Navy Other

If yes, give the following information on each military service person:

Name _____ Rank _____ Stationed _____

11. Have you or any family member ever lived in Public Housing or been on the Section 8 program before? Yes No

If yes, who? _____ When (years) _____

Name of Housing Authority _____ Amount of rent paid _____

Do you owe any money to any housing authority? Yes No List _____

12. Are any family members temporarily absent from the home? Yes No Who? _____

List the reason they are absent _____

13. Full-time Students: List any family members who are full-time students in college

STUDENT NAME	SCHOOL ATTENDING	LOCATION	CLASS/GRADE

II. DRUG/CRIMINAL ACTIVITY

1. Do you or any family member use a name other than what is listed on this application? Yes No

FAMILY MEMBER	OTHER NAME USED

2. Have you or any family member ever used a social security number other than the one previously listed? Yes No

If yes list the other number(s) _____

3. Have you or any family member ever been denied housing assistance or been evicted from public housing? Yes No

Explain: _____

4. Have you or any family member ever been convicted for drug related or violent criminal activity? Yes No

Name _____ Year _____

Offense _____ Result _____

5. Have you or any family member ever been convicted of the manufacture or production of meth (speed)? Yes No

6. Are you or any family member subject to lifetime registration as a sex offender? Yes No

List _____

7. Have you or any family member ever been arrested? Yes No

List _____

8. Have you or any family member ever spent time in prison? Yes No

List _____

9. Do you or any family member abuse or show a pattern of abuse of alcohol? Yes No

List _____

III. PROGRAM INFORMATION

1. Do you or any family member have a disability or require special accommodations? Yes No
List _____
2. Do you pay for a care attendant or for any equipment so that person or someone else can work? Yes No
3. Name of current landlord _____ Years there _____
Address _____ Rent you pay _____
Type: House Apartment Mobile Home Other
Number of bedrooms _____ Number of persons in the unit _____
4. Do you owe your current landlord any money? Yes No
How much and for what? _____
5. Utilities: List how much you pay for utilities each month
Electricity _____ Gas _____ Water _____

IV. INCOME

This part applies to all family members, including minors

1. Do you or any family member work full-time, part-time, or seasonally? Yes No If yes, list each below.

FAMILY MEMBER	EMPLOYER NAME	AMOUNT (INDICATE PER WEEK, MONTH OR YEAR)

2. Does any family member work for someone who pays cash? Yes No If yes, list each below.

FAMILY MEMBER	EMPLOYER NAME	AMOUNT (INDICATE PER WEEK, MONTH OR YEAR)

3. Does any family member receive unemployment benefits, workers compensation, or severance pay? Yes No

Family Member _____
Type of Benefit _____ Amount \$ _____
Employer Name _____

4. Does any family member receive child support from the court system? Yes No If yes, list below.

CHILD'S NAME	NAME OF ABSENT PARENT	CHILD SUPPORT \$

5. Does any family member receive child support directly from the absent parent? Yes No If yes, list below.

CHILD'S NAME	NAME OF ABSENT PARENT	CHILD SUPPORT \$

6. Does any family member receive alimony? Yes No If yes, list below.

Name _____ Amount \$ _____

Former Spouse Name _____

7. Does any family member receive public assistance (TANF)? Yes No If yes, list below.

Name _____ Amount \$ _____

Name _____ Amount \$ _____

Name _____ Amount \$ _____

8. Does any family member receive Social Security or SSI benefits? Yes No If yes, list below.

Name _____ Amount \$ _____

Name _____ Amount \$ _____

9. Does any family member receive income from a pension or annuity? Yes No If yes, list below.

Name _____ Amount \$ _____

10. Does any family member receive money from a church or other organization or from someone not living in the unit?

Yes No If yes, list below.

Family Member Name _____ Amount \$ _____

Name of person or organization _____

11. Did any family member file a Federal Income Tax Return last year? Yes No

Name(s) _____

12. Does any family member receive income from interest on bank accounts, any kind of investments or rental property?

Yes No If yes, list _____

13. Do any family members own a business or are self-employed? Yes No List _____

14. Does any family member receive any type of military pay (including Coast Guard, National Guard or Reserves)?

Yes No Name _____ Amount \$ _____

Source of Pay _____

15. Does any family member receive money to pay bills from someone outside of your family? Yes No

Family Member Name _____ Amount \$ _____

Name & Address of person paying bills _____

ASSETS

16. Does any family member own property (house, mobile home, land, etc)? Yes No

List who and what is owned _____

17. Has any family member sold or given away any property in the last 2 years? Yes No

18. Does any family member own stocks or bonds? Yes No

19. Does any family member have savings accounts, money markets or trust funds? Yes No

20. Does any family member have any type of retirement account (401K, IRA, etc)? Yes No

21. Does any family member have any inheritances, lottery winnings or lump sum payments? Yes No

22. Does any family member have any life insurance policies? Yes No

Family Member Name _____

Insurance Company _____ Amount/Value \$ _____

23. Where does each family member bank?

NAME	BANK	TYPE OF ACCOUNT	ESTIMATED \$

IV. EXPENSES

1. Does any family member have expenses for child care for a child aged 12 or under? Yes No

CHILD'S NAME	CHILDCARE PROVIDER	MONTHLY COST \$

2. Is any portion of your child care expenses reimbursed from an outside agency or person? Yes No

3. Does any family member receive Medicare benefits? Yes No

Family Member Name _____ Monthly Benefits \$ _____

4. Does any family member receive medical assistance through DHR? Yes No

Family Member Name _____ Monthly Benefits \$ _____

5. Does any family member pay medical insurance/hospitalization such as Blue Cross? Yes No

Premium Paid per Month \$ _____

6. Are any family members currently making payments on outstanding medical bills? Yes No Monthly \$ _____

7. Does any family member take prescription drugs on a regular basis? Yes No Monthly \$ _____

8. Do you pay for a care attendant or for any medical equipment ordered by a doctor? Yes No Monthly \$ _____

Note: If you believe you have been discriminated against, you may report the incident by calling the Fair Housing and Equal Opportunity toll-free hotline at 1-800-669-9777, or by asking the Eufaula Housing Authority to provide you with a HUD Housing Discrimination Complaint form, HUD-903.

I certify that all information provided on this application is true, accurate and complete. I understand that false statements and information are punishable under Federal Law and grounds for denial of housing assistance. I also understand that I am required to report all changes in family composition, income, assets and expenses of all family members within 30 days of the change. Further, no one is to move into my unit without prior written approval.

The information provided on this application is verified in accordance with HUD guidelines and submitted to HUD on Form HUD-50058. I authorize the Eufaula Housing Authority to submit inquiries necessary for the purpose of verifying the information provided.

Applicant Signature _____ Date _____

EHA Signature _____ Date _____