Client # BR# FOR OFFICE USE ONLY

Are you a U.S Citizen?

Monthly Medical Expenses _

Medical Disabilities

Date ___/__

Monroe Housing Authority

Application for Public Housing 202 and 811 Properties

202 and 811 Properties
Anyone who is disabled or requires special services
should contact MHA @ 388-1500

	Please check :
	Frances Tower
	McKeen Place
	OGP
	Passman Plaza
	South Pointe
	Franciscan Apt
-	

YES or NO

Time ___:___ Social Security Number _____-Name Middle First Last How long?_____ Present Address Apt# Street State Zip Code Parish City How long? Previous Address Apt# Street Zip Code Parish State City How long? Applicant's place of employment __ How long? Spouse's place of employment ___ Work Phone (_____) -___ Home Phone (_____) -___-_

Were you born in the U.S.?

The following questions are optional:	
Race Sex	
What is your marital status? Circle one:	Single, Married, Divorced, Widowed

YES or NO

Are you or your spouse a veteran in the U.S. Armed Services? YES or NO

Are you or any member of the household subject to a lifetime state sex offender registration

Family Member

program in any state? YES or NO

Please circle all states where you and any member of your household previously resided:

AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV

HAVE YOU EVER LIVED IN GOVERNMENT ASSISTED HOUSING? YES or NO

If yes, when:_____ Where:_____
Have you ever been evicted or refused housing elsewhere? YES or NO

Household Composition							
Note: You must supply a birth certificate and social security card for each member.							
Househo Id Member	Full Name	Social Security Number	Date of Birth mo/day/year	Relationshi p to Applicant	Ag e	Student ? (Y,N)	Income
Head of HH			/ /				
2			1 1				
3			/ /				
4		-	/ /				
5			/ /				
6			/ /				
7			/ /				
8		÷ =	/ /				

Income								
Gross monthly income (Income (Income) TANF \$ SSI \$ Unemployment \$ Veteran Admin. \$	clude spouse, if app + + + + + +	Per		+ + +				
veteran / tannin · · · ·		тот	'AL \$	=				
Assets Does anyone in your hous Type of Asset Checking Account Savings Account Cash	ehold have any of t Check one []Yes []No []Yes []No []Yes []No	he following type: Type of Ass IRA/Keogh A Retirement/F Certificate of	et Account* Pension*	Please mark "yes" or "no." Check one []Yes []No []Yes []No []Yes []No				
For each "Yes" marked on	previous page, ple	ase complete the	following:					
Household Member Name	Type of Asset	Cash Value (see	note) \$ Asse	et will earn in next 12 months				
NOTE: When listing the cash value of any of the items that have an asterisk, remember penalties for withdrawal, or any fees deducted to convert the asset to cash. E.G., If you owned a home and sold it, how much cash would you have after you paid off the mortgage, the realtor, etc? That is the amount to be listed in the "cash value" column. Personal Information								
Do you own a vehicle?		s, Make	Model	Year				
Driver's License # Do you have any pets?	If ve	s specify						
Does you or your child big	av a musical instrum	nent?						
Have you ever heen conv	uits, judgments or co icted of a felony? (F	ollections filed ag Police Background	ainst you? d Check requir	red)				
Have you ever been convicted of a felony? (Police Background Check required) Have you ever had a house or car repossessed?								
Emergency Information				DI #				
In case of an emergency Address	notify: Name		Relationshi	Pnone#				
Preference Certification I. Involuntarily displaced ABy government BBy a disaster (f CBy private action II. Do you live in substance **This includes dilater	(Check where appl : al action ire, flood, etc.) on beyond applicant dard housing?	icable) 's control (Verification operable plumbin	required) ng, lack of elec	tricity, inadequate source				
of heat, or been declared unfit for habitation by an agency or unit of government. III. Are you or your spouse enrolled in educational or Training Program? Yes or No (circle)								

Federal Privacy Act Statement

PURPOSE: Family income and other information is being collected by the Department of Housing and Urban Development (HUD) to determine an applicant's eligibility, the recommended unit size, and the amount the family must pay toward rent and utilities.

USE: HUD used family income and other information to assist in managing and monitoring HUD-assisted housing programs; to protect the government's financial interest; and to verify the accuracy of the information furnished. HUD or a public housing agency may conduct a computer match to verify the information you provided. This information may be released to appropriate federal, state, and local agencies, when relevant, and to civil, criminal or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law.

PENALTY: You must provide all of the information requested by the public housing agency, including all social security numbers you, and all other household members age six (6) years and older, have and use. Giving the social security numbers of all household members 6 years of age and older is mandatory, and not providing the social security numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

AUTHORITY FOR INFORMATION COLLECTION: The following laws authorize the collection of this information by HUD or the public housing agency: the U.S. Housing Act of 1937 (42 U.S.C., 1437 et seq.), Title VI of the Civil Rights Act of 1964, and Title VIII if the Civil Rights Act of 1968. The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and residents to submit the social security numbers of all household members at least six (6) years old.

Applicant/Tenant Certification

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief. I understand that false statements and false information are punishable under federal and state laws. I also understand that false statements or information are grounds for denial of housing or assistance, termination of housing assistance and termination of tenancy. This application is made with the understanding that all it is to be processed for both credit and character references. I have no objection to inquiries for the purpose of verification of the preceding statement. THIS INCLUDES A POLICE BACKGROUND CHECK. I/we consent to the disclosure of income and financial information from my/our employer and financial references for purposes of income and asset verification related to my/our application for tenancy. It is understood that the above information will be held confidential. In addition, I understand that I must report all changes in writing including a change of address.

PLEASE SIGN BELOW

Head of Household	Date://
Spouse's Signature	Date://
Other Adult	Date://
Interviewer:	Date://

Updated April 2018