



➤ **HEAD OF HOUSEHOLD INFORMATION**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Mailing Address: \_\_\_\_\_

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_

Telephone number \_\_\_\_\_ Alternate Telephone number \_\_\_\_\_

➤ **INFORMATION ABOUT SPOUSE**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

➤ **HOW MANY PEOPLE WILL LIVE IN THE UNIT? Please include yourself.** \_\_\_\_\_

ADULTS: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ CHILDREN: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

➤ **DO ANY PERSONS WHO WILL LIVE IN THE UNIT HAVE A DISABILITY?**  Yes  No

➤ **FOR HUD STATISTICAL PURPOSES ONLY- (Check one of each)**

CHECK ONE:

- White
- Black/African American
- American Indian/Alaska Native
- Asian
- Native Hawaiian/Other Pacific Islander

CHECK ONE:

- Hispanic or Latino
- Non-Hispanic or Latino

➤ **SOURCE(S) OF FAMILY INCOME: CHECK ALL THAT APPLY AND STATE AMOUNT:**

- |  |  |
|--|--|
| <input type="checkbox"/> Wages _____       | <input type="checkbox"/> Social Security _____ |
| <input type="checkbox"/> SSI _____         | <input type="checkbox"/> TANF/Welfare _____    |
| <input type="checkbox"/> VA Benefits _____ | <input type="checkbox"/> Other (specify) _____ |

➤ **Have you or anyone in your household been arrested or convicted of a drug related crime or violent criminal activity?**  Yes  No

➤ **Have you ever been evicted from a public housing program?**  Yes  No

➤ **Have you ever received assistance from a federally assisted Housing Authority? Yes/No \_\_\_\_\_ If yes, have you committed any fraud in a federally assisted Housing Authority or been requested to repay money for knowingly misrepresenting information for such Housing program? Yes/No \_\_\_\_\_**

I CERTIFY THAT THE ABOVE INFORMATION IS ACCURATE AND COMPLETE. I understand that submission of false information or misrepresentation may result in loss of eligibility to participate in the housing choice voucher program.

Date \_\_\_\_\_ Signature of Head of Household \_\_\_\_\_