



**ALL INFORMATION IN SECTIONS II, III, IV, V, VI & VII MUST BE VERIFIED**

**II. WAGE INFORMATION**

LIST BELOW ALL JOBS YOU & MEMBER OF YOUR HOUSEHOLD (18+) HOLD NOW OR HELD IN THE LAST 12 MONTHS

Member #	Employer	Employer's address	Employer's pho. #	Part-time/full-time	Start date	End date

LIST PAY INFORMATION FOR ALL FAMILY MEMBERS BELOW

Member #	Hourly pay rate	Av. hrs. worked/pay period	Overtime rate	O.T. hrs. per/pay ck.	How often do you get paid
	\$		\$		Weekly <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> Twice a month <input type="checkbox"/>
	\$		\$		Weekly <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> Twice a month <input type="checkbox"/>
	\$		\$		Weekly <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> Twice a month <input type="checkbox"/>
	\$		\$		Weekly <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> Twice a month <input type="checkbox"/>

**III. DO YOU OWN YOUR OWN BUSINESS SELLING GOODS OR SERVICES?** Yes  No  If 'Yes', what kind? \_\_\_\_\_

Name of business	Street address	City	State	Zip Code	Phone #	gross income/month
						\$
						\$

**IV. OTHER HOUSEHOLD INCOME** List all other household income received by every person living in your household. This includes unemployment compensation, child support, Social Security, SSI, disability payments, workman's compensation, retirement benefits (pensions, etc.), veteran's benefits, rental property income, alimony or separate maintenance, interest payments, contributions or gifts from friends or relatives to help with living expenses, and all other income from any source.

Member #	Type of income received (other than wages or business)	Income amount	How often is the income received?
		\$	Weekly <input type="checkbox"/> monthly <input type="checkbox"/> semi-annually <input type="checkbox"/> annually <input type="checkbox"/>
		\$	Weekly <input type="checkbox"/> monthly <input type="checkbox"/> semi-annually <input type="checkbox"/> annually <input type="checkbox"/>
		\$	Weekly <input type="checkbox"/> monthly <input type="checkbox"/> semi-annually <input type="checkbox"/> annually <input type="checkbox"/>
		\$	Weekly <input type="checkbox"/> monthly <input type="checkbox"/> semi-annually <input type="checkbox"/> annually <input type="checkbox"/>

**TANF (TEMPORARY AID TO NEEDY FAMILIES)** If you receive TANF benefits, please complete the information below. (Note: Neither food stamps nor medical cards are counted as income in figuring your rent, but must be reported. Cash asst. is counted.)

Member who receives TANF	Type of assistance received	Monthly amount	Starting date
#	Food Stamps <input type="checkbox"/> Medical card <input type="checkbox"/> Cash assistance <input type="checkbox"/> Other <input type="checkbox"/>	\$	
#	Food Stamps <input type="checkbox"/> Medical card <input type="checkbox"/> Cash assistance <input type="checkbox"/> Other <input type="checkbox"/>	\$	
#	Food Stamps <input type="checkbox"/> Medical card <input type="checkbox"/> Cash assistance <input type="checkbox"/> Other <input type="checkbox"/>	\$	

**V. FAMILY ASSETS** List all assets of household members, including bank savings accounts, checking accounts, certificates of deposit, IRA's, Keough accounts, retirement accounts, stocks, bonds, real estate, businesses, etc.

Member Number	Type of asset owned	Name of bank or other source of verification	Account number	Value of asset	Current rate of interest
				\$	%
				\$	%
				\$	%
				\$	%

List your monthly household expenses (& amounts): \_\_\_\_\_

**VI. LANDLORD REFERENCES** DO NOT LIST A FAMILY MEMBER OR A FRIEND AS A LANDLORD UNLESS YOU CAN PROVE YOUR RENT PAYMENTS WITH CANCELLED CHECKS OR MONEY ORDER RECEIPTS.

MY CURRENT LANDLORD OR  MOST RECENT LANDLORD IS:

Name	Address	Phone	Years at this address

MY PREVIOUS LANDLORDS WERE:

Name	Address	Phone	Years at this address

**VII. CREDIT REFERENCES** DO NOT LIST A FAMILY MEMBER OR A FRIEND AS A CREDIT REFERENCE UNLESS YOU CAN SHOW CANCELLED CHECKS OR MONEY ORDER RECEIPTS TO PROVE YOU MADE PAYMENTS FOR GOODS OR SERVICES TO THE FRIEND OR FAMILY MEMBER, OR REPAID MONEY TO THEM THAT THEY LOANED TO YOU.

Name	Address	Phone	Account #
Bank:			
Other:			
Other:			

**VIII. MISCELLANEOUS INFORMATION** PLEASE BE SURE YOUR ANSWERS ARE TRUE & COMPLETE

1. Do you or any household member own (or co-own) any real estate, mobile home, or boat? -----Yes  No   
If 'Yes', list which item(s) and the value(s). \_\_\_\_\_
2. Have you sold any real estate in the last 2 years? ----- Yes  No   
If 'Yes', what was sold, and what was the value? \_\_\_\_\_ \$ \_\_\_\_\_
3. Do you own a vehicle? ----- Yes  No   
If 'Yes', list the year, make, model, color, & license plate #. ----- Yes  No
4. Does anyone outside of your household pay any of your bills or give you money? ----- Yes  No   
If 'Yes', who? \_\_\_\_\_, how much? \$ \_\_\_\_\_, and how often? \_\_\_\_\_
5. Have you or any adult member ever used any name(s) or Social Security numbers(s) other than the one you use now? --- Yes  No   
If 'Yes', list the name(s) and number(s) \_\_\_\_\_
6. Have you or any other household member ever lived in any other unit where help with the rent was given through a rental assistance program? (subsidized rent) ----- Yes  No   
If 'Yes', list where \_\_\_\_\_ and when \_\_\_\_\_
7. Have you or anyone else in your household ever been involved in, arrested for, or convicted of drug activity? ----- Yes  No   
If 'Yes', explain. \_\_\_\_\_
8. Have you or anyone in your household ever been involved in, arrested for, or convicted of any crime other than traffic violations? ----- Yes  No   
If 'Yes', explain. \_\_\_\_\_
9. Have you ever committed any fraud in a federally-assisted program or been requested to repay money for knowingly misrepresenting information for such housing? ----- Yes  No   
If 'Yes', which one? (name & address) \_\_\_\_\_
10. Do you currently owe any money to this or any other housing authority for unpaid rent or damages? ----- Yes  No   
If 'Yes', which housing authority or landlord? (name & address) \_\_\_\_\_
11. ECHA's Pet Policy allows only 1 dog or 1 cat to live in each apartment, which pet must not exceed 12 inches at the shoulder adult height & 20 lb. adult weight, not be a vicious breed, and comply with all Pet Policy requirements, including that a pet deposit of \$375 for a dog or \$200 for a cat, be paid in advance of leasing, immunizations current, etc. Please request details if you are interested in keeping a pet. Do you own a pet? Yes  No  Do you plan to move a pet into public housing with you? ..... Yes  No

**READ THE FOLLOWING CERTIFICATION AND NOTICE CAREFULLY BEFORE SIGNING**  
**APPLICANT CERTIFICATION AND NOTICE**

1. I certify that all information given to the Edwards County Housing Authority regarding household composition, income, assets, allowances, personal background, rental history, and deductions is accurate and complete to the best of my knowledge and belief.
2. I understand that I am required to report in writing all changes of address and/or all changes in household composition, drug and criminal activity, income and assets of any household member to the Edwards County Housing Authority within fifteen (15) days of the change. I understand I must report any income earned by household members who turn 18 years of age during the year, even if they are full-time students. Failure to report all income is committing fraud. I understand that false statements or information are punishable under Federal law. I also understand the false statements of information are grounds for termination of housing assistance and termination of tenancy.
3. I understand that I cannot add any person to my household, unless he/she has first completed an application, and the application and Police Background Check has been fully approved in writing by the Housing Authority, except for the legally documented birth or adoption of a child.
4. I understand that if I become a tenant of ECHA, I cannot add to my household any person (related or otherwise) who has a criminal history or a drug-related history. I understand that no person whom I may marry while I am a tenant of the ECHA can automatically move in with me. I understand that if I move into public housing and then marry someone who has a criminal or a drug-related history, my husband or wife will not be allowed to live with me in public housing. I also understand that no family member who is not listed as a member of my household on my lease, can automatically move in with me. I understand that every person whom I may want to add to my household, for any reason, must fill out a housing application and a Police Background check form, and be approved, in writing, by the Housing Authority before being allowed to live with me. I understand that if I allow any person to live with me who has a criminal history, a drug-related history, or who has not been approved by the Housing Authority, I can be evicted.
5. I understand that if for any reason my household increases beyond the stated limits for the size unit I lease, I may be required to move to a larger unit, and that if no larger unit is available, I may be required to move out of housing if my increased household size puts the Housing Authority in violation of HUD's household members per bedroom limits.
6. I understand that by signing this application, I give the Housing Authority permission to process it for credit and landlord references, including a POLICE BACKGROUND CHECK to support the information I have provided.

**WARNING TITLE 18, SECTION 1001 OF THE UNITED STATES CODE STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.**

ALL ADULT HOUSEHOLD MEMBERS (AGE 18 AND OLDER) MUST SIGN THIS FORM (USE YOUR MIDDLE INITIAL)

Signature of Head of Household	Date	Signature of spouse	Date
Signature of other member over 18	Date	Signature of other member over 18	Date
Signature of other member over 18	Date	Signature of other member over 18	Date

**AUTHORIZATION FOR RELEASE OF INFORMATION**

PURPOSE

The U. S. Department of Housing and Urban Development (HUD) and the above named organization may use this authorization and the information obtained with it, to administer and enforce rules and policies.

AUTHORIZATION

I authorized the release of any information (including documentation and other materials) pertinent to eligibility for or participation under the Low-Income Public Housing Program and/or any housing assisted program.

I authorized the above-named organization and HUD to obtain information about my family or me; that is pertinent to eligibility for or participation in assisted housing programs.

I authorize only HUD and the above-named organization to obtain information on wages or unemployment compensation from State Employment Securities Agencies.

INFORMATION COVERED

Inquiries may be made about but not limited to:

- |   |                                 |
|---|---------------------------------|
| Childcare Expenses                        | Handicapped Assistance Expenses |
| Credit History                            | Identity and Marital Status     |
| Criminal Activity                         | Medical Expenses                |
| Family Composition                        | Social Security Numbers         |
| Employment, Income, Pensions, & Assets    | Residences and Rental History   |
| Federal, State, Tribal, or Local Benefits |                                 |

INDIVIDUALS OR ORGANIZATIONS THAT MAY RELEASE INFORMATION

Any individual or organization including any governmental organization may be asked to release information. For example, information may be requested from:

- Banks and Other Financial Institutions
- Courts and Law Enforcement agencies
- Credit Bureaus
- Employers, Past and Present
- Landlords
- Providers of Alimony, Childcare, Child Support, Credit, Handicap Assistance, Medical Care, and Pensions/Annuities
- Schools and Colleges
- U.S. Social Security Administration
- U.S. Department of Veterans Affairs
- Utility Companies
- Welfare Agencies

COMPUTER MATCHING NOTICE AND CONSENT

I agree that a public housing agency or HUD may conduct computer-matching programs with other governmental agencies including Federal, State, Tribal, or local agencies. The governmental agencies include:

- |                                     |                                       |
|-------------------------------------|---------------------------------------|
| U.S. Office of Personnel Management | U.S. Postal Service                   |
| U.S. Social Security Administration | State Employment Security Agencies    |
| U.S. Department of Defense          | State Welfare and Food Stamp Agencies |

The match will be used to verify information supplied by the family.

CONDITIONS

I agree that photocopies of this authorization may be used for the purposes stated above. This consent form expires 15 months after signing.

If I do not sign this authorization, I also understand that my housing assistance may be denied or terminated.

Signatures:

_____	_____	_____
Head of Household	Date	Social Security number of Head of Household
_____	_____	
Spouse	Date	
_____	_____	
Other family member over age 18	Date	
_____	_____	
Other family member over age 18	Date	