

# SECTION 8 APPLICATION FOR ADMISSION

## APPLICANT (HEAD OF HOUSEHOLD)

NAME: \_\_\_\_\_  
 PRESENT ADDRESS: \_\_\_\_\_  
 MAILING ADDRESS (IF DIFFERENT): \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
 Do you wish to be contacted by (mark one) \_\_\_\_\_ mail \_\_\_\_\_ email \_\_\_\_\_ both

## HOUSEHOLD COMPOSITION (PEOPLE THAT ARE LIVING IN YOUR HOUSEHOLD)

No.	Persons to Reside in the Unit	Relationship	Race	Sex	Birthdate	Soc. Security #
<b>ADULTS (LEGAL NAMES)</b>						
1		Head of Household				
2		Spouse				
3		Co-Head				
4		Other Adult				
5		Other Adult				
<b>CHILDREN (LEGAL NAMES)*</b>						
5						
6						
7						
8						
9						
10						
11						
12						

\* Children should be listed only if you have custody 51% or more of the time. Section 8 reserves the right to ask for copies of the most recent custody papers and to verify those papers with the court system.

- Do you anticipate any changes in your family/household composition? (mark one) \_\_\_\_\_ yes \_\_\_\_\_ no  
If yes, please explain \_\_\_\_\_
- Are you or a current household member now living in a federally subsidized housing unit? \_\_\_\_\_ yes \_\_\_\_\_ no
- Have you ever lived in Public Housing? \_\_\_\_\_ yes \_\_\_\_\_ no If yes, where \_\_\_\_\_
- Have you ever participated in the Section 8 voucher program \_\_\_\_\_ yes \_\_\_\_\_ no If yes, enter dates \_\_\_\_\_
- Do you currently owe any back rent, late fees or damages to any Public Housing or Section 8 Agency?  
(mark one) \_\_\_\_\_ yes \_\_\_\_\_ no If yes, what is the amount owed : \$ \_\_\_\_\_

Current Landlord Name: \_\_\_\_\_ Phone No. (\_\_\_\_) \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

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**HOUSEHOLD INCOME FROM EMPLOYMENT:**

Name	Address & Phone Number	Current Wages		Hourly Rate	Hours Worked	Anticipated Changes
		Monthly	Weekly			

**HOUSEHOLD INCOME FROM OTHER THAN EMPLOYMENT:**

Name		Child Support	Veterans Assistance	SSI	SSA	Unemployment	Temp Cash Assistance	Other	Other	Misc
	Monthly									
	Weekly									
	Monthly									
	Weekly									
	Monthly									
	Weekly									
	Monthly									
	Weekly									

**HOUSEHOLD ASSETS (INCLUDING CHECKING ACCTS, SAVING ACCTS, REAL ESTATE, STOCKS, BONDS, CD's & OTHER INVESTMENTS:**

Type of Asset	Belongs to (Name)	Cash Value		Bank Name	Other Misc Information concerning your assets
Checking					
Savings					
Real Estate					
Stocks, Bonds					
Other					

**DRUGS, ALCOHOL & CRIMINAL ACTIVITY**

**Federal Regulations Require Housing Agencies to Question Applicants & Participants Concerning Drug Related & Criminal Activities**

Have you or any member of your household been arrested or convicted any any drug, alcohol, domestic violence, sex offences or any other violent criminal activity withn 10 years prior to the date of this application? (mark one) \_\_\_\_\_ yes \_\_\_\_\_ no

If yes, explain: \_\_\_\_\_

Does any household member have a drug or alcohol problem that has not been abated by rehabilitation services? \_\_\_\_yes \_\_\_\_no

Is any member of your household required to be registered as a sex offender? \_\_\_\_\_ yes \_\_\_\_\_ no

Has anyone in your household been evicted from Public Hosuing or Section 8 housing for any reason including drug or other criminal activity? \_\_\_\_\_ yes \_\_\_\_\_ no If yes, reason for eviction \_\_\_\_\_

Name of Housing Agency: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Eviction: \_\_\_\_\_ Were you banned from receiving Section 8 for any amount of time: \_\_\_\_\_ yes \_\_\_\_\_ no

**Eligibility & Preference**

Are you a current resident of the City of Salamanca? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you currently employed? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you disabled and/or do you have a household member that is disabled? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Applicant Certification**

**I/ we certify that the information on this form is true and complete to the best of my/our knowledge and belief. I understand that I can be fined up to \$10,000 or imprisoned up to five years if I furnish false or incomplete information.**

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

\_\_\_\_\_  
Co-Head of Household or other Adult Date