

DO YOU OR ANY MEMBER RECEIVE THE FOLLOWING INCOME?

	YES/NO	MONTHLY AMOUNT	PERSON RECEIVING	INCOME SOURCE
Employment?	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Unemployment?	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Social Security?	<input type="checkbox"/> YES <input type="checkbox"/> NO			
SSI?	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Child Support or Alimony?	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Veterans or Military Benefits?	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Income from Pensions, Retirement, or Annuity?	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Self Employment?	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Odd Jobs/Scrap Metal/Yard Sales?	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Food Assistance?	<input type="checkbox"/> YES <input type="checkbox"/> NO			
TANF?	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Any other Income?	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Does anyone outside your household help with your bills on a regular basis?	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Has anyone in your household applied for any benefits that are in the process of being approved? If yes, explain.	<input type="checkbox"/> YES <input type="checkbox"/> NO	EXPLAIN:		

DO YOU OR ANY MEMBER HAVE THE FOLLOWING ASSETS?

	YES/NO	CURRENT VALUE	Who's name is the Asset in?	NAME OF BANK OR COMPANY
Checking Account?	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Savings Accounts?	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Stocks, Bonds, CDs, Trust?	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Retirement, Mutual Fund/IRA?	<input type="checkbox"/> YES <input type="checkbox"/> NO			
WHOLE life Insurance? (Do not consider burial policies.)	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Real Estate/Home or Property or Mobile Home?	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Has any household member sold or given away assets for less than fair market value during the past 2 years?	<input type="checkbox"/> YES <input type="checkbox"/> NO			What type of asset?

DO YOU OR ANY MEMBER HAVE THE FOLLOWING EXPENSES?

	YES/NO	MONTHLY EXPENSE	PERSON PAYING	PAID TO:
Child Care/Day Care?	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Health/Dental Insurance?	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Child Support EXPENSE?	<input type="checkbox"/> YES <input type="checkbox"/> NO			

FPHA STAFF/OFFICE USE ONLY: Notes/Comments

MEDICAL EXPENSES (ONLY COMPLETE FOR ELDERLY 62 YRS OLDER OR DISABLED)		YES/NO
Do you or any household member(s) have Medicare, VA Health Benefits, or other Health Insurance?		<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, provide cost of premium for any of the above: \$		
Do you or any household member(s) anticipate having out of pocket medical expenses, including prescription drug costs, in the next 12 months? (IF yes, Please provide 12 month printouts or verifications from Physicians & Pharmacies of out of pocket medical expenses.)		<input type="checkbox"/> YES <input type="checkbox"/> NO

If not applicable, skip to next section, HOUSEHOLD INFORMATION

HOUSEHOLD INFORMATION		YES/NO
1. Do you expect any occupancy changes to your household within the next 12 months? (i.e. unborn child, marriage, reunification agreement, temporary absent family members etc. Additional documentation may be required.) If yes, please explain:	<input type="checkbox"/> YES <input type="checkbox"/> NO	
2. Has any household member been arrested, charged or convicted of criminal activity in the last 12 months? If yes, please give details. Include date, disposition, time served or rehabilitation .	<input type="checkbox"/> YES <input type="checkbox"/> NO	
3. Are you or anyone in your household subject to registration as a sex offender ? (If yes, list name of registrant and complete address where currently registered)	<input type="checkbox"/> YES <input type="checkbox"/> NO	

COMMUNICATIONS		YES/NO
1. Do you require oral and/or written information in any language other than English? Please explain.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
2. Do you require any alternate means of communication? (i.e.: Presented orally, Braille, in writing, through a telephone relay service, in another format) Please explain:	<input type="checkbox"/> YES <input type="checkbox"/> NO	

Student Information		YES/NO
Is any member of the household a student? If yes, explain:	<input type="checkbox"/> YES <input type="checkbox"/> NO	

FPHA STAFF/OFFICE USE ONLY: Notes/Comments

PUBLIC HOUSING APPLICANTS ONLY

ACCESSIBILITY		YES/NO
Fully accessible units were designed for residents with mobility – related disabilities or who may use a wheelchair or scooter. These units offer features such as wider doors, lowered controls, light switches, counter cabinets, roll under sinks etc. Applicants may apply for this type of unit anytime during their application process. Upon request an eligible household may be offered a fully accessible unit based on availability. Applicants may also request that special features be added to units where the household does not require full accessibility.		YES/NO
1.	Does any household member require a unit with special features or a program modification due to a disability? If yes, please describe the special feature needed to accommodate the household member’s disability or handicap.	<input type="checkbox"/> YES <input type="checkbox"/> NO
2.	Does any elderly or disabled family member require a live in aid?	<input type="checkbox"/> YES <input type="checkbox"/> NO
PETS/SERVICE ANIMALS		YES/NO
1.	Do you have a pet? Type: _____ Breed: _____ Color: _____ Weight: _____ lbs. (A pet deposit & Annual Pet Fee will be required. Verification of current Rabies Vaccination & Verification of Spayed & Neutered REQUIRED).	<input type="checkbox"/> YES <input type="checkbox"/> NO
2.	Do you or a household member require a service animal due to a disability? Attach proper documentation. (Current Rabies Vaccination Verification Required)	<input type="checkbox"/> YES <input type="checkbox"/> NO

AFFIDAVIT OF CERTIFICATION

I/We hereby certify under penalty of perjury that all the information contained in this document is true and correct. **I understand that ALL changes in income of ANY member of the household must be reported to the Fort Payne Housing Authority within 10 days of occurrence.** Also, the Fort Payne Housing Authority MUST APPROVE ANY additional household members **BEFORE** they move into the household. The head of household must request in writing to add or remove any member. Failure to comply with the rules and regulations may result in termination of rental assistance, termination of tenancy, and criminal prosecution.

I/We hereby certify that I/We understand my/our responsibilities to the Fort Payne Housing Authority and I/we further acknowledge that my/our housing assistance may be terminated and/or face criminal prosecution if I/we violate them.

I/We understand that after the information in this application is verified that the information will be submitted to the U.S. Department of Housing and Urban Development (HUD) on Form HUD-50058 (The Federal Privacy Act Statement contains additional information concerning the authorized use of this information.) I also understand that staff of the Fort Payne Housing Authority will verify this information, and I authorize the Fort Payne Housing authority to submit inquiries necessary for the purpose of verifying the facts herein stated.

I/We hereby certify that the above referenced statements have been explained and/or translated to me by a reliable source and/or by my housing specialist.

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 OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES. MAKING FALSE STATEMENTS IS ALSO A FELONY UNDER THE LAWS OF THIS STATE.

Signature of Head of Household _____ Date _____ Signature of Spouse _____ Date

Signature of Other Adult Household _____ Date _____ Signature of Other Adult Household _____ Date

Signature of Other Adult Household _____ Date _____ Signature of Other Adult Household _____ Date

If you have anyone outside your household helping you complete this form, please provide their name and their relation to your family below:

Name _____ Relationship to Family _____ Date