

Housing Authority of the City of Yuma
420 S. Madison Avenue, Yuma, AZ 85364
(928) 782-3823 Fax (928) 343-2595

Section 8
New Admission Questionnaire

HOUSEHOLD INFORMATION

List all household members that are currently living in your household.

Name <i>First, Middle Initial, Last</i>	Relationship to Head of Household	M / F	Social Security Number	Age	Name of School or Institution

Current Address: _____

Daytime Phone: _____ **Evening Phone:** _____

Yes No

- 1. Do you expect any additions to the household within the next twelve (12) months?**
 Name & Relationship: _____
 Explanation: _____
- 2. Is there anyone living with you now that wasn't living with you at time of application?**
 Name & Relationship: _____
 Explanation: _____
- 3. Do you have full custody of your child(ren)?** *(If no, obtain proof of amount of time child(ren) will be living in unit.)*
 Name & Relationship: _____
 Explanation: _____
- 4. Are there any absent household members who under normal conditions would live with you?** *(For example, a spouse away in the military.)*
 Name & Relationship: _____
 Explanation: _____
- 5. Did you file income taxes in the past twelve (12) months?** *(If no, please state reason.)*
 Explanation: _____

INCOME INFORMATION

Income is counted for anyone 18 or older (unless legally emancipated). However, if the income is unearned income, such as a grant or benefit, it is counted for all household members including minors.

Include all income anticipated for the next twelve (12) months.
Do YOU or ANYONE in your household receive OR expect to receive income from:

Yes No

6. Employment wages or salaries? *(Include overtime, tips, bonuses, commissions and payments received in cash.)*

Household Member	Name of Company	Address / Phone #	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

 7. Self Employment? *(Include overtime, tips, bonuses, commissions and payments received in cash.)*

Household Member	Name of Company	Address / Phone #	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

 8. Regular pay as a member of the Armed Forces / Military?

Household Member	Name of Company	Address / Phone #	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

 9. Unemployment benefits or workman's Compensation?

Household Member	Case Worker	Address / Phone #	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

 10. Public Assistance, General Relief, AFDC, Food Stamps or Temporary Assistance for Needy Families? *(TANF)*

Household Member	Case Worker	Address / Phone #	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

 11. Child Support or Alimony? *(We must count court ordered support whether or not it is received unless legal action has been taken to remedy. We must also count support that is not court-ordered rather received directly from payor.)*

Household Member	Payor	Address / Phone #	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

 12. Social Security, SSI or any other payments from the Social Security Administration?

Household Member	SSA Office	Address / Phone #	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

 13. Regular payments from a Veteran's benefit, pension, retirement benefit or annuities?

Household Member	Source of Benefit	Address / Phone #	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

<input type="checkbox"/>	<input type="checkbox"/>	14. Regular payments form a severance package or workman's compensation?			
		Household Member	Source of Benefit	Address / Phone #	Amount
		_____	_____	_____	_____
		_____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	15. Regular payments from any type of settlement? <i>(For example, insurance settlements.)</i>			
		Household Member	Source of Benefit	Address / Phone #	Amount
		_____	_____	_____	_____
		_____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	16. Regular gifts or payments from anyone outside of the household? <i>(This includes anyone supplementing your income or paying any of your bills.)</i>			
		Household Member	Source of Benefit	Address / Phone #	Amount
		_____	_____	_____	_____
		_____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	17. Regular payments from lottery winnings or inheritances?			
		Household Member	Source of Benefit	Address / Phone #	Amount
		_____	_____	_____	_____
		_____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	18. Regular payments from rental property or other types of real estate transactions?			
		Household Member	Source of Money	Address / Phone #	Amount
		_____	_____	_____	_____
		_____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	19. Any other income sources or types not listed?			
		Household Member	Source of Money	Address / Phone #	Amount
		_____	_____	_____	_____
		_____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	20. Do you or any other household members expect any changes to your income in the next twelve (12) months?			
		Household Member	Explanation		
		_____	_____		
		_____	_____		
		_____	_____		

ASSET INFORMATION

Include all assets held and the income derived from the asset. INCLUDE ALL ASSETS HELD BY ALL HOUSEHOLD MEMBERS, INCLUDING MINORS.

Do YOU or ANYONE in your household hold:

Yes	No				
<input type="checkbox"/>	<input type="checkbox"/>	21. Checking or savings account?			
		Household Member	Financial Institute	Account #	Amount
		_____	_____	_____	_____
		_____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	22. CD's, money market accounts or treasury bills?			
		Household Member	Financial Institute	Address / Phone #	Amount
		_____	_____	_____	_____
		_____	_____	_____	_____

<input type="checkbox"/>	<input type="checkbox"/>	23. Stocks, bonds or securities?				
		Household Member	Financial Institute	Address / Phone #	Amount	
		_____	_____	_____	_____	
		_____	_____	_____	_____	
<input type="checkbox"/>	<input type="checkbox"/>	24. Trust funds?				
		Household Member	Financial Institute	Address / Phone #	Amount	
		_____	_____	_____	_____	
		_____	_____	_____	_____	
<input type="checkbox"/>	<input type="checkbox"/>	25. Pensions, IRA's, Keogh or other retirement accounts?				
		Household Member	Financial Institute	Address / Phone #	Amount	
		_____	_____	_____	_____	
		_____	_____	_____	_____	
<input type="checkbox"/>	<input type="checkbox"/>	26. Whole Life Insurance Policy?				
		Household Member	Insurance Carrier	Address / Phone #	Amount	
		_____	_____	_____	_____	
		_____	_____	_____	_____	
<input type="checkbox"/>	<input type="checkbox"/>	27. Real estate, rental property, land contracts / contract for deeds or other real estate holdings? <i>(This includes your personal residence, mobile homes, vacant land, farms, vacation homes or commercial property.)</i>				
		Household Member	Type of Property	Address	Amount	
		_____	_____	_____	_____	
		_____	_____	_____	_____	
<input type="checkbox"/>	<input type="checkbox"/>	28. Personal property held as an investment? <i>(This includes paintings, coin or stamp collections, artwork, collector or show cars, and antiques. This does not include your personal belongings such as your car furniture or clothing.)</i>				
		Household Member	Item	Address / Phone #	Amount	
		_____	_____	_____	_____	
		_____	_____	_____	_____	
<input type="checkbox"/>	<input type="checkbox"/>	29. A safe deposit box?				
		Household Member	Financial Institute	Address / Phone #	Amount	
		_____	_____	_____	_____	
		_____	_____	_____	_____	
<input type="checkbox"/>	<input type="checkbox"/>	30. Have you or any other household member disposed of or given away any asset(s) for LESS than fair market value within the past two (2) years?				
		Household Member	Type of Asset	Name / Address / Phone #	Amount	
		_____	_____	_____	_____	
		_____	_____	_____	_____	

CHILD CARE EXPENSE

Yes	No					
<input type="checkbox"/>	<input type="checkbox"/>	31.	Are you currently paying for child care expenses? <i>(This applies to child(ren) under thirteen (13) years of age.)</i>			
		Household Member	Age of Child	Name of provider	Address / Phone #	Amount
		_____	_____	_____	_____	_____
		_____	_____	_____	_____	_____
Yes	No					
<input type="checkbox"/>	<input type="checkbox"/>	32.	Are any of these expenses reimbursed from an outside agency? Attach Print Out			
		Agency	Amount Reimbursed			
		_____	_____	_____	_____	_____
		_____	_____	_____	_____	_____

MEDICAL EXPENSES

Yes No

33.. Are you currently paying for medical or prescription expenses? *(This applies to Head of Household or spouse over 62 years of age or a family member with a disability.)*

Household Member	Name of Doctor or Pharmacy	Address / Phone #	Amount
_____	_____	_____	_____
_____	_____	_____	_____

CRIMINAL BACKGROUND

Yes No

34. During the last 12 months, has any household member been arrested for any crime?

Name &

Relationship:

Explanation:

Yes No

35. During the last 12 months, has any household member been convicted of any crime?

Name &

Relationship:

Explanation:

ACCOMODATION CLAUSE

If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our program and services, please contact the housing authority.

SIGNATURE CLAUSE

I understand that management is relying on this information to prove my household's eligibility of the Public Housing Program. I certify that all information and answers to the above questions are true and complete to the best of my knowledge. I consent to release the necessary information to determine my eligibility. I understand that providing false information or making false statements may be grounds for termination of assistance. I also understand that such action may result in criminal penalties.

I authorize my consent to have management verify the information contained in this application for purposes of proving my eligibility for occupancy. I will provide all necessary information including source names, addresses, phone numbers, account numbers where applicable and any other information required for expediting this process. I understand that my occupancy is contingent on meeting management's resident selection criteria and the Public Housing Program requirements.

Penalties for committing Fraud: The United States Department of Housing and Urban Development (HUD) places a high priority on preventing fraud. If your application or recertification forms contain false information, you may be:

- Evicted
- Required to repay all overpaid rental assistance you received.
- Fined up to \$10,000.
- Imprisoned for up to five years.
- Prohibited from receiving future assistance.

All ADULT household members must sign below:

Head of Household

Date

Spouse or Other Adult

Date

Other Adult

Date

Other Adult

Date

FOR OFFICE USE ONLY

Date of Interview: _____

Interviewed By: _____

Recertification Date: _____

Comments:

