

Initial Eligibility Application

(Application **MUST** be completed. **DO NOT** leave blanks; you may put N/A if it does not apply. All household members 18 years of age and older **MUST** sign this document where indicated.) (Black ink only)

Head of Household

Last NameFirst NameMiddle Initial

Place of Birth _____ Alien Registration # if Applicable: _____

Race: (check one) (1) White (2) Black/African-American (3) Amer. Indian/Native Alaskan (4) Asian
(5) Pacific Islander/Hawaiian

Ethnicity: (check one) (1) Hispanic/Latino (2) Non-Hispanic/Latino

Marital Status (check one) Single Married Separated Divorced Widowed

Mailing Address: _____
(Street)(City)(State)(Zip)

Phone#: _____ Work#: _____ Email: _____

Are you currently homeless? Yes No

LIST THE NAMES OF ALL PERSONS IN YOUR HOUSEHOLD, INCLUDING LIVE-IN AIDES. Start with HEAD of HOUSEHOLD (YOU) and include all other persons who will live with you when you receive your voucher.

Name	Relation to Head	Social Security Number	Sex	Date of Birth	Age	Disabled Yes/No	Race	Ethnicity
	Head							



No Yes **Have you or anyone else on this application ever been on a Section 8 program, lived in Public Housing, or participated in a any subsidized program? If yes, under what name and what year.**
 Explanation: _____

No Yes **Has anyone in your household been arrested for a sexual-related crime, or is now subject to a lifetime sex offender registration program, or convicted of methamphetamine production?**

No Yes **Has anyone in your household been convicted of any crime in the last 10 years?**

FULL-TIME STUDENT STATUS Does not apply to me or my household members

If any member of the household who is 18 years or older attends high school, college, technical school, or a training program on a FULL-TIME BASIS, complete the following:

Household Member Name	School Name	School Address/Fax #	Anticipated Completion Date

EXPENSES

Child Care Does not apply to me or my household members

My childcare expenses: \$ _____ Frequency: _____

Name of Child Care Provider: _____

Address and Phone: _____

No Yes Do you receive help with your childcare expenses? If yes, from where? _____

Medical Expenses Does not apply to me or my household members

(If you or your spouse are at least 62 years old OR disabled.)

No Yes Do you anticipate that you will have medical expenses to pay out of your pocket?

Name of Provider: _____

Address and Phone: _____

EMPLOYMENT INCOME Does not apply to me or my household members

LIST THOSE IN YOUR HOUSEHOLD WHO ARE WORKING OR WILL BE WORKING IN THE NEXT 12 MONTHS.
 (If self-employed, under "Employer" information write: (1) Self-employed and (2) Type of business.)

Name of Member Who is Working	Employer's Name, Address, Phone, and Fax Number	Pay Per Hour	Hours Worked Per Week	Annual Pay
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$

For Seasonal Employment: Does not apply to me or my household members

Effective date of employment: _____ End date: _____



OTHER INCOME

Please fill in all blank spaces. If it does not apply to you put "0"

Indicate below all incomes received by members of your household from any of the following sources and the MONTHLY amount received. Also indicate income your household expects to receive over the next 12 months.

Source	Amount per month	Source	Amount per month
TANF-Cash Assistance	\$	Unemployment Insurance	\$
Per Capita	\$	Pension/Annuities	\$
Child Support	\$	VA Benefits	\$
Alimony	\$	Military Pay	\$
Social Security	\$	Lump Sum Income	\$
SSI	\$	Inheritance	\$
Contributions from friends or relatives	\$	Worker's Compensation	\$
Scholarships/Grants	\$	Lottery Winnings	\$
Any other income	\$		

ASSETS

Does not apply to me or my household members

INDICATE BELOW THE ASSETS OF ALL MEMBERS OF YOUR HOUSEHOLD. (Include joint accounts w/others).

Account holder	Checking or Savings	Name of Bank, Credit Union, etc. &	Account Number	Current Balance
				\$
				\$
				\$
				\$
Stocks/Mutual Funds(Name of Person)	Name of Institution/ Name of Stocks or Funds		Number of Shares	Dividends Per Year
				\$
Savings Bonds (Name of Person)	Company Name and Address	Number of Bonds	Maturity Dates	Total Value
				\$
Name of Life Insurance (Insured)	Company Name and Address	Policy #	Face Value	Cash Value
				\$
IRA, Trust(Name of Person)	Company Name and Address	Policy #	Current Balance	Cash Value
				\$



REAL ESTATE HOLDINGS

Does not apply to me or my household members

Real Estate Owned by me or a member of my household is located at _____
Year Purchased: _____ Original Cost: _____ Est. Equity: _____ Est. Market Value: _____

No Yes Have you transferred (sold or given away) any assets to anyone for less than it's market value within the past two years?
If yes, type of asset, value of asset, and when:

CERTIFICATION

By signing below I/we certify that the information given to the Housing Authority of the City of Yuma on household composition, income, net family assets, allowances, and deductions is accurate and complete to the best of my/our knowledge and belief. I/We understand that all changes in household income, assets and/or composition must be reported to the housing agency office in writing within ten days of the occurrence. I/We understand that failure to provide true and complete information to the Housing Authority of the City of Yuma may result in the termination of my/our housing assistance.

WARNING!

Title 18, Section 1001, of the United States Code states that a person is guilty of a felony for knowingly and willfully making false, inaccurate, or fraudulent statements to any department or agency of the United States.

Penalties for Committing Fraud: I/We understand that false statements or information are punishable under Federal law (Section 1001 of Title 18 of the U.S. Code). If this personal declaration form contains false or incomplete information I may be:

- Terminated from further housing assistance
- Required to repay all overpaid rental assistance received
- Fined up to \$10,000
- Imprisoned for up to 10 years in a federal penitentiary
- Prohibited from receiving future housing assistance.

ALL HOUSEHOLD MEMBERS 18 YEARS OF AGE AND OLDER MUST SIGN

(Failure to complete and sign this document will result in removal from the Waiting List and denial of application.)

Print Name Signature Date

Print Name Signature Date

Print Name Signature Date

Print Name Signature Date

Housing Representative: _____ Date Reviewed: _____