

**PRELIMINARY APPLICATION FOR
PUBLIC HOUSING ASSISTANCE**

I. Family Information Applicant / Head of Household:

Legal Name: _____
First
Last
Maiden
MI

Current Address: _____
Number
Street
Apt #
City
State
Zip

Telephone Number: _____ Cell Phone: _____

Social Security Number: _____ Date of Birth: _____
Month
Day
Year

Citizenship: U.S. Citizen Permanent Resident Other – Specify _____

Marital Status: Single Married Separated Divorced Widow

Race - For Statistical Purposes Only: White Black Other – Specify _____

Ethnicity of Head of Household: Hispanic Non-Hispanic

Are you currently working and /or attending school and working for a total of 30 hrs/week for the last six months? ___Yes ___No. If Yes, you will need to supply proof of working and/or attending school status for the last six months.

Stuart Housing Authority will take affirmative steps to communicate with people who need services or information in a language other than English.

II. Household Members Information:

*List Head of Household first then all persons who will be living in your home including minors. Please list additional family members on separate sheet attached.

Family Member Name	Social Security Number	Date of Birth	Gender	Disabled or Handicapped	Relationship to Head	Occupation or Student Status
Head:					SELF	

1. Has any member of the household ever received Public Housing Assistance, Section 8 Assistance or any other rent subsidy? Yes No If yes, where and when: _____
2. Has any member of the household ever committed any fraud in a Federal Assisted Housing Program or been requested to repay money for knowingly misrepresenting information for such programs? Yes No If yes, where and when: _____
3. Has any member of the household ever been arrested, charged or convicted of any crime? Yes No If yes, who, where and when: _____
4. Will any member of the household require a Reasonable Accommodation? Yes No
5. Will any member of the household be receiving Public Assistance? Yes No If yes list: _____

III. Income Information:

*List all income and the source for any family member receiving income for themselves or on behalf of someone else. Include any court ordered child support, wages, unemployment, Food Stamps, benefits, etc.

Family Member Name	Weekly Wages	AFDC/TANF	Child Support	SS/SSI	Other Income
Head:					

6. Will any member of the household receive income from assets? Yes No If yes, list: _____

7. Will any member of the household dispose of or receive any interest in property including real estate, mobile homes, boats, etc.? Yes No If yes, list _____

8. Does anyone outside of the household help pay bills or contribute money to the household? Yes No If yes, list who and the amount _____

IV. Asset Information:

*List any asset, including bank accounts, for each family member

Family Member Name	Checking Account Amount	Savings Account Amount	Stocks, Bonds, Annuities, Ins Policies, etc.	Name of Financial Institution

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.

I do hereby swear and attest that all of the information provided above is true and correct. I also understand that any false representation will deem me ineligible for assistance. I further understand and give permission for Stuart Housing Authority to verify all information provided to determine eligibility for program assistance.

Further, I understand that based upon the information provided, I will be placed on the waiting list for Public Housing. Should my address change, it is my responsibility to notify Stuart Housing Authority in writing of the change within ten (10) business days. If I fail to report my change of address, I understand that I will be purged from the waiting list and will need to reapply for assistance when the waiting list is open to new applicants.

Signature of all Adult Members:

Head of Household _____
Date

Other Adult _____
Date

Other Adult _____
Date

Stuart Housing Authority will comply with all federal, state and local nondiscrimination laws and with the rules and regulations governing fair housing and equal opportunity in housing. If you feel you have been discriminated against, you may contact Fair Housing and Equal Opportunity National Toll-Free Hotline at (800)424-8590.