



Application for Rental Housing in Newburgh, NY.

Please contact Rupco if you require assistance with your application and/or have questions: newburgh@rupco.org or (845) 569-2292

All Applications should be returned to 169 Lander St, Newburgh NY 12550.

There is a dropbox located to the right of the door for your convenience.

Original Applications only; copies, faxed or emailed applications will not be accepted.

- Please answer all questions truthfully. Any misrepresentation of information (false, incomplete or misleading information) will cause your household's application to be declined.
- Complete all sections of application by printing in ink. **DO NOT** leave any section blank. If the question does not apply to your household, please write NONE or N/A (Not Applicable).
- After we accept your application, we will make a preliminary determination of eligibility. If your household appears to be eligible for housing, your application will be placed on a waiting list; but this does NOT mean that your household will be offered an apartment. If later processing establishes that your household is not eligible or qualified for housing, your application will be denied. We will process your application according to our standard procedures which are summarized in the Resident Selection Criteria in the Property Management Office and may include credit, criminal and rental history background checks.

Warning: Title 18, Section 1001 of the U.S. Code makes it a criminal offense to knowingly and willingly make fraudulent statements or misrepresentations of any material fact in the use of or obtaining the use of federal funds. If you knowingly and willingly make fraudulent statements or misrepresentations of any material fact in the use of or obtaining the use of federal funds you may be fined under this title or imprisoned not more than 5 years, or both.

Please check all properties that you wish to apply for:

Lander St Apartments ☎ 83 one, two, three, four, and five bedroom apartments located on Lander, South, and Chamber streets.

East End I ☎ 44 studio, one, two, and three bedroom apartments located on First, Dubois, S. Miller, Johnston, and Lander streets.

East End II ☎ 61 one, two, and three bedroom apartments, located on First, Chamber, DuBois, S. Miller, Johnston and Lander streets

First Name	Last Name		Mailing Address
Phone Number	Email Address		
Household Composition- List ALL persons who will reside in the household. You must list yourself first; if you require additional space please use the blank space on page 2.	Gender	Date of Birth	Relationship to Head of Household
			HEAD

Do you anticipate any additions to the household in the next twelve months? YES NO

Please Describe: _____

Please select the number of bedrooms you are requesting: Studio One Two Three Four Five

Applicant/s acknowledges Landlord's adoption of a Non-Smoking living environment and the efforts to designate all of the property as Non-Smoking, with designated smoking areas at least 25 ft from the building: YES NO



RENTAL HISTORY: You must list your current residence first.

This must include all previous residences for the past (4) four years, including those places where name/s did not appear on lease and those places where you or a family member used a different name. This includes you and/or adult household members, 18 years or older.

HH Member	Street Address	City	State	Zip	Date Residency Began	Date Residency Ended	Landlord Name & Phone Number

PERSONAL REFERENCES:

Complete this section **if you do not have the required four years of rental history**. Three personal references are required. These cannot be friends or family. Examples include: clergy, previous employers, coworkers, volunteer leaders, caseworkers, advisors, etc...

Name	Phone Number	Relationship
Name	Phone Number	Relationship
Name	Phone Number	Relationship

INCOME:

List current income for ALL household members from all sources. This includes, but is not limited to Employment (Full Time, Part Time and Seasonal), Self Employment, Public Assistance, Social Security, SSI, Unemployment, Alimony, Child Support, Workers' Compensation, Disability, Pension, Armed Forces, Income from rental property, regular contributions from people not residing with you, etc. *Please list your gross income, before taxes or any other deductions.*

HH Member	Source of income	Address of Source of Income/Contact Person and Telephone Number	Monthly Income

Do you anticipate any changes in your income in the next 12 months? YES NO

If yes, please describe: _____

ASSETS:

Please include cash (wherever held), Bank Accounts, Trust Accounts, Certificates of Deposit (CD), Stocks, Bonds, Mutual Funds, Securities, Savings Bonds, IRA, Life Insurance Policies, Real Estate, Investments, etc. List for ALL household members. If more space is needed, please list on a separate piece of paper and attach to this application.

Check one of the following:

- Within the past two (2) years, I/we have sold or given away assets (including cash, real estate, etc.) for more than \$1,000 below their fair market value (FMV).
They are as follows: _____
- I/we have NOT sold or given away assets (including cash, real estate, etc.) for less than fair market value during the past two (2) years.

Check one of the following:

- I/we do not have any assets at this time. Assets include checking/savings accounts, stocks, bonds, and other types listed above.
- I/we do have assets. They are as follows:

HH Member	Name of Institution	Account #	Type of Asset	Interest rate	Amount

Please use the remaining space on this page to list any additional household members, or sources of income or assets:

Please answer of the following questions. If you select "yes", use the space provided to describe your answer.

These questions apply to you and ALL members of your household.

Question:	NO	YES	Please describe:
Do you currently have a portable or transferrable voucher for a rental subsidy, such as Section 8?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you currently live in unsafe or inadequate housing?	<input type="checkbox"/>	<input type="checkbox"/>	
Are you homeless or about to be homeless?	<input type="checkbox"/>	<input type="checkbox"/>	
Is any member of your household visually or hearing impaired, to the extent where they would need an apartment specifically adapted for their needs?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you require a 100% handicap accessible unit <u>due to use of a mobility device</u> , such as a wheelchair?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you own a pet?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you owned a home or real estate within the past three years? If so, are you collecting rental income from this property?	<input type="checkbox"/>	<input type="checkbox"/>	
Have any household members ever been convicted of a felony?	<input type="checkbox"/>	<input type="checkbox"/>	
Are any household members registered as sex offenders? If so, are they subject to lifetime registry?	<input type="checkbox"/>	<input type="checkbox"/>	
Has any household member been convicted of manufacturing methamphetamines in their home?	<input type="checkbox"/>	<input type="checkbox"/>	
Are ALL members of your household, including yourself, considered to be full-time students?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you or any member of your household served in the military?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you or any household members been diagnosed with Substance Use Disorder, as defined by the Diagnostic and Statistical Manual of Mental Disorders?	<input type="checkbox"/>	<input type="checkbox"/>	
Post Incarceration is defined as a youth or adult reentering the community out of incarceration or juvenile justice placement, particularly those with disabling conditions. Does this apply to you or any member of your household?	<input type="checkbox"/>	<input type="checkbox"/>	

All household members aged 18 and older must sign page 4 of this application.

This application will be considered INCOMPLETE if not signed by all household members over the age of 18.

CREDIT & CRIMINAL HISTORY & LANDLORD/PERSONAL REFERENCES

The undersigned applicant(s) and co-signer(s) hereby consent to allow RUPCO, itself or through its designated agents or employees, to obtain a consumer report and criminal record information on each of us and to obtain and verify each of our credit and employment information for the purpose of determining whether to lease an apartment or house to me/us. We also agree and understand that owner and its agents and employees will obtain Landlord References and in some instances Personal References. Upon my/our request, owner will tell me/us whether consumer reports or criminal record reports were requested and the names and addresses of any consumer reporting agency that provided such reports. I understand that if my application is rejected on the basis of my criminal history I will be provided with any documentation used to deny my application and an explanation of the denial, after which time I will have 14 business days to review, contest, present evidence of rehabilitation, and explain any conviction on my record that led to the denial of my application.

CERTIFICATION:

I/We certify that all information provided on this application and any addenda thereto is true, complete and accurate. I/We understand that if any of the information is false, misleading or incomplete, management may decline our application or if move in has occurred, terminate our Rental Agreement.

I/We agree to notify RUPCO immediately in writing regarding any changes in household address, telephone numbers, income, assets and household composition.

SIGNATURES:

Head of Household

(Print Name)

Date

Co- Head of Household

(Print Name)

Date

Other Adult Household Member

(Print Name)

Date

If you are applying for a Project Based Voucher unit at Lander St Apartments, you must also complete pages 6 through 12 of this application.

These questions are optional and have no bearing on your eligibility. They are for statistical purposes.

1.) How did you hear about us? Newspaper Friend/Family Website Local Agency Other

Specify: _____

2.) Marital Status: Married Single Separated Divorced Widowed

3.) Handicapped/Disabled: Yes No

4.) Race & Ethnic Origin: the following information is requested by the Federal Government in order to monitor compliance with Federal Laws prohibiting discrimination against applicants seeking participation in this program. You are not required to furnish this information; however, you are encouraged to do so. If you chose not to furnish this information, we are required to note the race/national origin of individual applicants on the basis of visual observation or surname.

Please circle which you feel best describes your ethnic origin:

Hispanic Non-Hispanic

Please circle which you feel best describes your race:

Caucasian African American Native American

Alaskan Native Asian or Pacific Islander Multi-Race Please describe: _____

We do not discriminate on the basis of race, religion, national origin, color, creed, age, sex, disability, familial status, marital status, sexual orientation, gender identity or lawful source of income.

The remaining pages are applications for the Project Based Voucher units at Lander St. Apartments. Once received, if you are eligible for a Project Based Voucher, these applications are forwarded to Pathstone, where they will be entered into their waitlist for one of the Project Based Voucher units. Although they are identical, all three Project Based Voucher applications must be completed in their entirety and signed by the Head of Household and, if applicable, spouse or co-head. For more information on the Project Based Voucher program, please contact Pathstone at (845) 343-0771.

This form must be completed by the Head of Household. Use the legal name for each household member.

Date		Head of Household Name			Email Address			
Home Phone		Work Phone		Cell Phone		Other Phone		
Address (Please list last known address if you are currently homeless)				Apt. #	City		State	ZIP Code
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Is your mailing address the same as listed above?						
If No:	Mailing Address			Apt. #	City		State	ZIP Code

If selected for the waiting list, you will be required to provide proof of residency if your address is located in the location of the waiting list for which you are applying.

I. HOUSEHOLD: List all people who will live in the home.

Please note that information about disability status and age may be used to determine selection from the waiting list.

Enter information about all family members who will live in the home, including any unborn children.

Relation: head of household, spouse, domestic partner, co-head, son, daughter, foster child/adult, live-in aide, other adult

Race: Black/African American, American Indian/Alaska Native, Asian, Native Hawaiian/Other Pacific Islander, White

1. Head of Household								
Last Name		First Name		MI	Date of Birth		Sex (M/F)	Relation
								HEAD
Disability Yes <input type="checkbox"/> No <input type="checkbox"/>	U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/>	Race	Hispanic/Latino Yes <input type="checkbox"/> No <input type="checkbox"/>	Social Security #		Alien Registration #	
2. Household Member								
Last Name		First Name		MI	Date of Birth		Sex (M/F)	Relation
Disability Yes <input type="checkbox"/> No <input type="checkbox"/>	U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/>	Race	Hispanic/Latino Yes <input type="checkbox"/> No <input type="checkbox"/>	Social Security #		Alien Registration #	
3. Household Member								
Last Name		First Name		MI	Date of Birth		Sex (M/F)	Relation
Disability Yes <input type="checkbox"/> No <input type="checkbox"/>	U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/>	Race	Hispanic/Latino Yes <input type="checkbox"/> No <input type="checkbox"/>	Social Security #		Alien Registration #	
4. Household Member								
Last Name		First Name		MI	Date of Birth		Sex (M/F)	Relation
Disability Yes <input type="checkbox"/> No <input type="checkbox"/>	U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/>	Race	Hispanic/Latino Yes <input type="checkbox"/> No <input type="checkbox"/>	Social Security #		Alien Registration #	
5. Household Member								
Last Name		First Name		MI	Date of Birth		Sex (M/F)	Relation
Disability Yes <input type="checkbox"/> No <input type="checkbox"/>	U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/>	Race	Hispanic/Latino Yes <input type="checkbox"/> No <input type="checkbox"/>	Social Security #		Alien Registration #	
6. Household Member								
Last Name		First Name		MI	Date of Birth		Sex (M/F)	Relation
Disability Yes <input type="checkbox"/> No <input type="checkbox"/>	U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/>	Race	Hispanic/Latino Yes <input type="checkbox"/> No <input type="checkbox"/>	Social Security #		Alien Registration #	

Please provide any additional household member information on a separate sheet of paper.

II. ADDITIONAL HOUSEHOLD INFORMATION

YES	NO	Question
<input type="checkbox"/>	<input type="checkbox"/>	Are you currently homeless?
<input type="checkbox"/>	<input type="checkbox"/>	Is any household member a U.S. military veteran?
<input type="checkbox"/>	<input type="checkbox"/>	Is any household member subject to lifetime sex offender registration?
	If YES:	Who and Where: Details of Crime:
<input type="checkbox"/>	<input type="checkbox"/>	Has any household member been convicted of any crime (besides traffic violations)?
	If YES:	Who: State: When: Offense:
<input type="checkbox"/>	<input type="checkbox"/>	Has any household member been convicted of drug-related criminal activity for the manufacture or production of methamphetamine on the premises of federally assisted housing?
	If YES:	Who and Where: Details of Crime:

III. FAMILY'S ANNUAL INCOME

Complete all income sources for the family including, but not limited to: wages, Welfare/TANF, outside contributions, self-employment income, child support, unemployment, Social Security, and SSI.		
Household Member Name	Type of Income (wage, SS, SSI, TANF, contribution, child support, etc.)	Amount of income per year
		\$
		\$
		\$
		\$
		\$
		\$
Total Family Income		\$

Please provide any additional income information on a separate sheet of paper.

IV. FAMILY'S ASSETS

Complete the following for all assets owned by a household member including, but not limited to: checking accounts, savings accounts, property held as an investment, bonds, IRA, life insurance policy, money market account, 401K, and trust funds.				
Household Member Name	Name and Full Address and Phone Number or Email Address of Asset	Cash Value	Interest Rate	Annual Income
1				
2				
3				

Please provide any additional asset information on a separate sheet of paper.

V. CERTIFICATION STATEMENT

I/we certify that all the information provided is accurate and complete to the best of my/our knowledge. I/we have reviewed this form and certify that the information shown is true and correct.

Criminal and Administrative Actions for False Information

I/We understand that knowingly supplying false, incomplete or inaccurate information is punishable under Federal or State criminal law. I/We understand that knowingly supplying false, incomplete or inaccurate information is grounds for termination of housing assistance, termination of tenancy or denial of assistance.

Signature of Head of Household

Date

Signature of Spouse / Co-Head

Date

Warning: Section 1001 of Title 18, of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department of Agency of the U.S. as to any matter within its Jurisdiction.

This form must be completed by the Head of Household. Use the legal name for each household member.

Date		Head of Household Name			Email Address	
Home Phone		Work Phone		Cell Phone		Other Phone
Address (Please list last known address if you are currently homeless)				Apt. #	City	State ZIP Code
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Is your mailing address the same as listed above?				
If No:	Mailing Address			Apt. #	City	State ZIP Code

If selected for the waiting list, you will be required to provide proof of residency if your address is located in the location of the waiting list for which you are applying.

I. HOUSEHOLD: List all people who will live in the home.

Please note that information about disability status and age may be used to determine selection from the waiting list.

Enter information about all family members who will live in the home, including any unborn children.

Relation: head of household, spouse, domestic partner, co-head, son, daughter, foster child/adult, live-in aide, other adult

Race: Black/African American, American Indian/Alaska Native, Asian, Native Hawaiian/Other Pacific Islander, White

1. Head of Household						
Last Name		First Name		MI	Date of Birth	Sex (M/F) Relation
						HEAD
Disability Yes <input type="checkbox"/> No <input type="checkbox"/>	U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/>	Race	Hispanic/Latino Yes <input type="checkbox"/> No <input type="checkbox"/>	Social Security #	Alien Registration #
2. Household Member						
Last Name		First Name		MI	Date of Birth	Sex (M/F) Relation
Disability Yes <input type="checkbox"/> No <input type="checkbox"/>	U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/>	Race	Hispanic/Latino Yes <input type="checkbox"/> No <input type="checkbox"/>	Social Security #	Alien Registration #
3. Household Member						
Last Name		First Name		MI	Date of Birth	Sex (M/F) Relation
Disability Yes <input type="checkbox"/> No <input type="checkbox"/>	U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/>	Race	Hispanic/Latino Yes <input type="checkbox"/> No <input type="checkbox"/>	Social Security #	Alien Registration #
4. Household Member						
Last Name		First Name		MI	Date of Birth	Sex (M/F) Relation
Disability Yes <input type="checkbox"/> No <input type="checkbox"/>	U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/>	Race	Hispanic/Latino Yes <input type="checkbox"/> No <input type="checkbox"/>	Social Security #	Alien Registration #
5. Household Member						
Last Name		First Name		MI	Date of Birth	Sex (M/F) Relation
Disability Yes <input type="checkbox"/> No <input type="checkbox"/>	U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/>	Race	Hispanic/Latino Yes <input type="checkbox"/> No <input type="checkbox"/>	Social Security #	Alien Registration #
6. Household Member						
Last Name		First Name		MI	Date of Birth	Sex (M/F) Relation
Disability Yes <input type="checkbox"/> No <input type="checkbox"/>	U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/>	Race	Hispanic/Latino Yes <input type="checkbox"/> No <input type="checkbox"/>	Social Security #	Alien Registration #

Please provide any additional household member information on a separate sheet of paper.

II. ADDITIONAL HOUSEHOLD INFORMATION

YES	NO	Question
<input type="checkbox"/>	<input type="checkbox"/>	Are you currently homeless?
<input type="checkbox"/>	<input type="checkbox"/>	Is any household member a U.S. military veteran?
<input type="checkbox"/>	<input type="checkbox"/>	Is any household member subject to lifetime sex offender registration?
	If YES:	Who and Where: Details of Crime:
<input type="checkbox"/>	<input type="checkbox"/>	Has any household member been convicted of any crime (besides traffic violations)?
	If YES:	Who: State: When: Offense:
<input type="checkbox"/>	<input type="checkbox"/>	Has any household member been convicted of drug-related criminal activity for the manufacture or production of methamphetamine on the premises of federally assisted housing?
	If YES:	Who and Where: Details of Crime:

III. FAMILY'S ANNUAL INCOME

Complete all income sources for the family including, but not limited to: wages, Welfare/TANF, outside contributions, self-employment income, child support, unemployment, Social Security, and SSI.		
Household Member Name	Type of Income (wage, SS, SSI, TANF, contribution, child support, etc.)	Amount of income per year
		\$
		\$
		\$
		\$
		\$
		\$
Total Family Income		\$

Please provide any additional income information on a separate sheet of paper.

IV. FAMILY'S ASSETS

Complete the following for all assets owned by a household member including, but not limited to: checking accounts, savings accounts, property held as an investment, bonds, IRA, life insurance policy, money market account, 401K, and trust funds.				
Household Member Name	Name and Full Address and Phone Number or Email Address of Asset	Cash Value	Interest Rate	Annual Income
1				
2				
3				

Please provide any additional asset information on a separate sheet of paper.

V. CERTIFICATION STATEMENT

I/we certify that all the information provided is accurate and complete to the best of my/our knowledge. I/we have reviewed this form and certify that the information shown is true and correct.

Criminal and Administrative Actions for False Information

I/We understand that knowingly supplying false, incomplete or inaccurate information is punishable under Federal or State criminal law. I/We understand that knowingly supplying false, incomplete or inaccurate information is grounds for termination of housing assistance, termination of tenancy or denial of assistance.

Signature of Head of Household

Date

Signature of Spouse / Co-Head

Date

Warning: Section 1001 of Title 18, of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department of Agency of the U.S. as to any matter within its Jurisdiction.

**WAITING LIST APPLICATION – Lander Street III
PathStone Corporation Project Based Voucher (PBV) Program**



This form must be completed by the Head of Household. Use the legal name for each household member.

Date		Head of Household Name			Email Address			
Home Phone		Work Phone		Cell Phone		Other Phone		
Address (Please list last known address if you are currently homeless)				Apt. #	City		State	ZIP Code
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Is your mailing address the same as listed above?						
If No:	Mailing Address			Apt. #	City		State	ZIP Code

If selected for the waiting list, you will be required to provide proof of residency if your address is located in the location of the waiting list for which you are applying.

I. HOUSEHOLD: List all people who will live in the home.

Please note that information about disability status and age may be used to determine selection from the waiting list.

Enter information about all family members who will live in the home, including any unborn children.

Relation: head of household, spouse, domestic partner, co-head, son, daughter, foster child/adult, live-in aide, other adult

Race: Black/African American, American Indian/Alaska Native, Asian, Native Hawaiian/Other Pacific Islander, White

1. Head of Household								
Last Name		First Name		MI	Date of Birth		Sex (M/F)	Relation
								HEAD
Disability Yes <input type="checkbox"/> No <input type="checkbox"/>	U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/>	Race	Hispanic/Latino Yes <input type="checkbox"/> No <input type="checkbox"/>	Social Security #	Alien Registration #		
2. Household Member								
Last Name		First Name		MI	Date of Birth		Sex (M/F)	Relation
Disability Yes <input type="checkbox"/> No <input type="checkbox"/>	U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/>	Race	Hispanic/Latino Yes <input type="checkbox"/> No <input type="checkbox"/>	Social Security #	Alien Registration #		
3. Household Member								
Last Name		First Name		MI	Date of Birth		Sex (M/F)	Relation
Disability Yes <input type="checkbox"/> No <input type="checkbox"/>	U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/>	Race	Hispanic/Latino Yes <input type="checkbox"/> No <input type="checkbox"/>	Social Security #	Alien Registration #		
4. Household Member								
Last Name		First Name		MI	Date of Birth		Sex (M/F)	Relation
Disability Yes <input type="checkbox"/> No <input type="checkbox"/>	U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/>	Race	Hispanic/Latino Yes <input type="checkbox"/> No <input type="checkbox"/>	Social Security #	Alien Registration #		
5. Household Member								
Last Name		First Name		MI	Date of Birth		Sex (M/F)	Relation
Disability Yes <input type="checkbox"/> No <input type="checkbox"/>	U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/>	Race	Hispanic/Latino Yes <input type="checkbox"/> No <input type="checkbox"/>	Social Security #	Alien Registration #		
6. Household Member								
Last Name		First Name		MI	Date of Birth		Sex (M/F)	Relation
Disability Yes <input type="checkbox"/> No <input type="checkbox"/>	U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/>	Race	Hispanic/Latino Yes <input type="checkbox"/> No <input type="checkbox"/>	Social Security #	Alien Registration #		

Please provide any additional household member information on a separate sheet of paper.

II. ADDITIONAL HOUSEHOLD INFORMATION

YES	NO	Question
<input type="checkbox"/>	<input type="checkbox"/>	Are you currently homeless?
<input type="checkbox"/>	<input type="checkbox"/>	Is any household member a U.S. military veteran?
<input type="checkbox"/>	<input type="checkbox"/>	Is any household member subject to lifetime sex offender registration?
	If YES:	Who and Where: _____ Details of Crime: _____
<input type="checkbox"/>	<input type="checkbox"/>	Has any household member been convicted of any crime (besides traffic violations)?
	If YES:	Who: _____ State: _____ When: _____ Offense: _____
<input type="checkbox"/>	<input type="checkbox"/>	Has any household member been convicted of drug-related criminal activity for the manufacture or production of methamphetamine on the premises of federally assisted housing?
	If YES:	Who and Where: _____ Details of Crime: _____

III. FAMILY'S ANNUAL INCOME

Complete all income sources for the family including, but not limited to: wages, Welfare/TANF, outside contributions, self-employment income, child support, unemployment, Social Security, and SSI.

Household Member Name	Type of Income (wage, SS, SSI, TANF, contribution, child support, etc.)	Amount of income per year
		\$
		\$
		\$
		\$
		\$
Total Family Income		\$

Please provide any additional income information on a separate sheet of paper.

IV. FAMILY'S ASSETS

Complete the following for all assets owned by a household member including, but not limited to: checking accounts, savings accounts, property held as an investment, bonds, IRA, life insurance policy, money market account, 401K, and trust funds.

Household Member Name	Name and Full Address and Phone Number or Email Address of Asset	Cash Value	Interest Rate	Annual Income
1				
2				
3				

Please provide any additional asset information on a separate sheet of paper.

V. CERTIFICATION STATEMENT

I/we certify that all the information provided is accurate and complete to the best of my/our knowledge. I/we have reviewed this form and certify that the information shown is true and correct.

Criminal and Administrative Actions for False Information

I/We understand that knowingly supplying false, incomplete or inaccurate information is punishable under Federal or State criminal law. I/We understand that knowingly supplying false, incomplete or inaccurate information is grounds for termination of housing assistance, termination of tenancy or denial of assistance.

Signature of Head of Household

Date

Signature of Spouse / Co-Head

Date

Warning: Section 1001 of Title 18, of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department of Agency of the U.S. as to any matter within its Jurisdiction.