PLATTEVILLE HOUSING AUTHORITY PRELIMINARY APPLICATION/PERSONAL DECLARATION FORM SECTION 8 RENTAL ASSISTANCE

Time Received:

Date Received:

OFFICE USE	ONLY					
		Tenant Check	_ EIV Former Tenant	Waitlist	Sex Off Re	9
		this application or it this form, please call				
Name of Hea	ad of Household (I	nclude middle initial)				
Address (No	box number)		City		_ State	_ Zip
Telephone n	Telephone number		Email address:			
	d Composition	<u>ı</u> <u>G YOURSELF,</u> who w	ill be members of y	our permanent hou	sehold:	
	<u>ame</u> MIDDLE INITIAL)	Relationship to head HEAD	<u>Birthdate</u>	Social Security #	Disabled Stud Y/N Y/I	N -
			_			
						_
Do all listed	family members	live with you all of th		No If no. explain		
	,	,	<u></u>			
employmen	NTHLY income e	earned or received by , child support, social enefits, stock dividen	l security, disability	(SSI), self-employi	ment, workmar	's compensation,
Household Member		<u>Inco</u>	Income Source Gros		s Monthly Income	

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.

Do you receive Food Share? ____ Yes ____ No If yes, what is the amount/month \$_

Asset Information List ALL assets for everyone living i of Deposit, stocks, bonds, mutual fu			ts, savings accounts, Certificates
Household Member	<u>Asset</u>	Value of Asset	Income from Asset
Personal Information Is any member of the household a re	egistered sex offender?	_YesNo If yes, ho	usehold member
Have you or any other household me	ember lived in any rental as	ssisted housing or publi	c housing?YesNo
If yes, name & location of Housing A	Authority/Management Co		
Do you or a member of the househo	old owe any Public Housin	g Agency a debt?	Yes No If yes, who and how
much is owed?			
Have you or any member of the hou	sehold been convicted of a	crime? Yes	No If yes, what, when and where?
<u>Expenses</u>			
Present rent cost \$ Num	ber of bedrooms:	_ What utilities do you	pay?
Average monthly utility cost: \$	How long have you	ı lived at your current re	esidence?
Do you pay for childcare so you can	work or attend school?	Yes No If yes, n	nonthly amount \$
Name, address and phone number of	of provider		
Elderly & Disabled head of househous insurance, copays and any other ou			
Racial or Ethnic Designation of monitor compliance with federal laws prohib helps determine the degree to which the procession African American Native Hawaiian/Pacific Islander	oiting discrimination against appli gram is utilized by minority famili American Indian/Al	cants seeking to participate in es. aska Native Asian	n the program. This information also
PREFERENCES (Please check if applic	able) Evidence of claimed Pla	atteville/local preference m	ust be submitted with your completed
application to receive that preference. Y	ou must provide a current dri	ver's license or state ID Al	ND a current utility bill or lease.
Local (Currently Lives in Platteville)	_ Grant Co. Resident	Disabled Elderly	/ (62 or older)
Domestic Violence Service Ver	teran Homeless (not	living with relatives)	
Rent Burden (50% of your income for re	nt) Involuntary Displac	ement Work in Plat	teville
I/We do hereby swear and attest that changes of address, phone number or			
Signature of Head of Household & D	Date Sig	anature of Other Adult 8	Date

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