

AREA XV MULTI-COUNTY HOUSING AGENCY

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APPLICATION FOR SECTION 8

Applicant's Name _____
 Current Address _____
 City, State, Zip Code _____
 Phone with area code _____ Message phone _____

FAMILY COMPOSITION

List all persons who will be/are living in the home, list birth date, Social Security number, relationship to the person applying, age, sex, place of birth (town & state).

Family Member	Name	Birth Date	Social Security #	Age	Relationship	Sex	Place of Birth
1							
2							
3							
4							
5							
6							
7							
8							

Are there any anticipated changes in family composition? Yes No
 If yes, explain _____

INCOME

List all sources of income for each person.
 (wages, FIP, child support, SS, SSI, etc.)

We require verification of income with the Application (check stub, letter of decision, etc.)

Family Member	Description	Income Amount
1		
2		
3		
4		
5		

ASSETS

List the value of property owned by the family
 (houses, land, businesses, etc.) Also list
 checking, savings accounts, certificates of deposit.

Family Member	Description	Value
1		
2		
3		
4		
5		

APPLICANT CERTIFICATION

PLEASE READ CAREFULLY BEFORE SIGNING APPLICATION

1. I understand that I am required to report any changes of income to Area XV MCHA immediately.
2. I understand that I am required to report any change of household composition (someone moving in/out of the unit) to Area XV MCHA immediately. I understand that PRIOR to moving someone in, I must obtain written permission from the owner and Area XV.
3. I understand that PRIOR to moving, I must give Area XV and the landlord a written 30 day (full calendar month) notice of vacating, or request a Waiver of the notice requirement.
4. I understand that failure to comply with the reporting requirements noted above could result in:
Termination of assistance;
Repayment of assistance required;
Ineligibility for future assistance;
Legal action.
5. I understand that to obtain or attempt to obtain assistance by committing fraud (the willful intent to deceive) is a criminal offense a felony, and can result in arrest and criminal charges, as stated in Title 18, US Code, Sec 1001.
6. I understand that a person is guilty of a felony for knowingly and willingly making a false or fraudulent statement to any department or agency of the United States.
7. I/We hereby certify that the information submitted is true and accurate to the best of my/our knowledge and belief. I/We also certify that I/we understand the penalties for inaccurate, false or fraudulent statements.

Signature _____

Date _____

Signature _____

Date _____

OFFICE USE ONLY

Signature of PHA Representative _____

Date _____

Eligible Ineligible Unit Size Assigned _____

Preference? Yes No