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Military Service

Is there any member of your household now serving in military service (Army, Air Force, Marines, Navy, Coast Guard, etc.)? If yes, give the following information on each military service person:

Name Rank Address Branch of Military

NOTICE! ALL OF YOUR ANSWERS WILL BE VERIFIED AND GIVING FALSE INFORMATION IS FRAUD!!!!

INCOME

Wages: List all employment income including self-employment for each household member.

Household Member	Name and Address of Employer	Annual Income

Other Sources of Income: (Examples: Welfare, Social Security, SSI, pensions, disability compensations, unemployment compensation, interest, baby sitting, alimony, child support, annuities, dividends, income from rental property, Armed Forces, Military Reserves, cash contributions from individuals, scholarships and/or grants) include alimony and/or child support entitled to but not received.

Household Member	Source	Amount

ASSETS

Bank Information: List any checking, savings, credit union and/or certificate of deposit accounts.

Type of Account	Bank	Account Number	Amount

1. Do you have any stocks or bonds? No Yes

If yes, current value? \$_____ Stocks/Bonds

2. Do you now own real estate? No Yes

If yes, what is the value? \$_____

3. Have you ever owned real estate? No Yes If yes, when? _____

EXPENSES

Childcare Expenses:

1. Do you pay for childcare while a family member is working? Yes No

If yes, list childcare provider's information: Name: _____ Phone Number _____

Address: _____

2. Cost of childcare services per week \$_____ per month \$_____

Medical Expenses: For elderly or disabled only

1. Are you receiving MEDICARE benefits? No Yes

If yes, what is the monthly benefit amount? \$_____

2. Are you receiving Medical Assistance through the Welfare Department (DHR)? No Yes

If yes, monthly amount received? \$_____

3. Do you pay for any medical insurance/hospitalization (such as Blue Cross/Blue Shield) No Yes
 If yes, indicate the premium amount and frequency. Weekly \$_____/ Bi-Weekly \$_____/ Monthly \$ _____
4. Are you making payments on outstanding medical bills? No Yes
 If yes, monthly amount paid? \$_____
5. Do you take prescription drugs on a regular basis? No Yes
 If yes, prescription cost month? \$_____

Handicap Assistance Expenses: Disabled Only

1. Do you pay for a care attendant or for any equipment for the handicap member(s) of the family necessary to permit that person or someone else in the family to work? No Yes
 If yes, describe expenses _____

PROGRAM INFORMATION

Criminal Activity:

1. Have you or any family member, listed on the front, ever been arrested for any offense against the law? No Yes
2. Have you or any family member, listed on the front, ever had a warrant issued for an arrest? No Yes
3. Have you ever been in trouble with the law? For example, traffic citation or any other situation? No Yes
 If you answered yes to any of the questions in this section, explain: _____

Marital Status/History:

1. Have you ever been married? No Yes If yes, how many times? _____
 Maiden Name _____
2. Have you ever been separated? No Yes
3. Have you ever been divorced? No Yes
4. Are you a widow? No Yes Social Security # of Deceased _____

If you answered yes to questions 2-4, list the following information:

Date	From Whom	Street Address	City	State	Zip Code

Absent Parent Info:

Family Member	Father/Mother's Name	Street Address	City	State	Comments/Last Contact
1					
2					
3					
4					

OTHER NEEDED INFORMATION

1. Have you ever applied for Public Housing or Section 8 Housing? No Yes
2. Have you ever lived in Public Housing or Section 8 Housing? No Yes
3. Have you ever lived in housing that is referred to as the "Projects"? No Yes
4. If you have lived or currently live in Public Housing (Projects) and/or Section 8 Assisted Housing or housing where the amount of rent you paid was based on your income? If yes, complete the following:
 Address: _____ When: From _____ To: _____
5. Do you owe any money to the Public Housing Project and/or Section 8 Housing? No Yes
 If yes, how much do you owe? \$_____

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

I/WE certify that all of the information given to the Montgomery Housing Authority (MHA) in this application is correct. I/WE understand that if these facts are not true, housing assistance or housing will not be provided and I/WE will be declared ineligible. I understand that after the information in this application is verified that the information will be submitted to the U.S. Department of Housing and Urban Development (HUD) on Form HUD-50058. See the Federal Privacy Act Statement for additional information concerning the authorized use of this information. I also understand that the staff of the Montgomery Housing Authority (MHA) will verify this information and I authorize the MHA to submit inquiries necessary for the purpose of verifying the facts herein stated.

Signature: _____ Date: _____
Head of Household

Signature: _____ Date: _____
Spouse or Other Adult

Signature: _____ Date: _____
Other Adult

Signature: _____ Date: _____
Montgomery Housing Authority Representative

NOTE: If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National Toll-Free Hot Line at 1-800-424-8590 or the Montgomery Housing Authority will provide you with a HUD Housing Discrimination Complaint Form, HUD-903. This form can be completed to report discrimination to the HUD office of Fair Housing and Equal Opportunity.