

## HOUSING ASSISTANCE PRE-APPLICATION FORM CITY OF GOSHEN

### For PHA Use Only

Preference \_\_\_\_\_ Eligible \_\_\_\_\_ Initials \_\_\_\_\_  
 Type \_\_\_\_\_ Voucher Size \_\_\_\_\_ Date/Time \_\_\_\_\_

**THE PRE-APPLICATION IS REQUIRED TO BE FILLED OUT COMPLETELY. PLEASE USE LEGAL NAMES FOR EACH PERSON ON THE APPLICATION. ALL ADULT MEMBERS MUST SIGN TO CERTIFY THE INFORMATION ON THE APPLICATION. PLEASE USE INK AND PLEASE PRINT.**

#### Other Preferred Language

- |   |   |
|---|---|
| <input type="checkbox"/> I speak Spanish (Hablo Español)  | <input type="checkbox"/> I want a free translator (Quiero a un traductor libre) |
| <input type="checkbox"/> I would like literacy assistance (Hearing or vision impaired, or difficulty reading) | <input type="checkbox"/> I waive my right to a free translator                  |

### LIST ALL PERSONS WHO WILL BE LIVING IN YOUR HOME (HEAD OF HOUSEHOLD FIRST).

ADULT (FULL LEGAL NAME) All members 18 and over	DATE OF BIRTH	SEX	RELATION TO HEAD OF HOUSEHOLD	SOCIAL SECURITY NUMBER	(M) Married (SP) Separated (D) Divorced (S) Single	<b>RACE</b> (W) White (A) Asian (B) / (AA) Black/African American (AI) American Indian (NH) Native Hawaiian/ Other Pacific Islander	<b>ETHNICITY</b> (H) Hispanic (NH) Non-Hispanic
			<b>HEAD</b>				
1.							
2.							
3.							

CHILDREN (Under 18) (FULL LEGAL NAME)	DATE OF BIRTH	SEX	RELATION TO HEAD OF HOUSEHOLD	SOCIAL SECURITY NUMBER	ABSENT PARENT (S) NAME AND ADDRESS IF APPLICABLE
1.					
2.					
3.					
4.					
5.					

<b>CURRENT ADDRESS:</b>	<b>MAILING ADDRESS:</b>
<b>CITY/STATE/ZIP:</b>	<b>CITY/STATE/ZIP:</b>
<b>HOME PHONE:</b>	<b>WORK PHONE:</b>

**PREFERENCE CATEGORIES**

Answer each question below	YES	NO
DO YOU RESIDE IN THE CITY OF GOSHEN?		
ARE YOU EMPLOYED IN THE CITY OF GOSHEN?		

**TOTAL HOUSEHOLD INCOME:**

IS ANY MEMBER OF THE HOUSEHOLD EMPLOYED? ( ) YES ( ) NO IF YES: ANSWER THE FOLLOWING:

NAME OF HOUSEHOLD MEMBER EMPLOYED	Employer	Location	Gross Wages
1.			
2.			
3.			

DOES ANYONE OUTSIDE OF THE HOUSEHOLD HELP YOU PAY ANY BILLS OR GIVE YOU MONEY FOR LIVING EXPENSES?  
( ) YES ( ) NO IF YES: ANSWER THE FOLLOWING:

Name	Phone Number	Amount
1.		
2.		
3.		

**LIST ALL MONEY EARNED OR RECEIVED BY ALL HOUSEHOLD MEMBERS.**

- |                     |                       |                          |                                       |
|---------------------|-----------------------|--------------------------|---------------------------------------|
| SNAP (Food Stamps)  | Workers' Compensation | Self Employment          | Unemployment Benefits                 |
| Child Support       | Military Pay          | Social Security Benefits | Retirement Payments                   |
| Disability Benefits | TANF                  | SSI                      | Financial Assistance to attend school |

NAME OF HOUSEHOLD MEMBER RECEIVING INCOME	SOURCE OF INCOME (ENTER FROM LIST ABOVE)	GROSS INCOME	INDICATE IF AMOUNT IS RECEIVED WEEKLY, SEMI-MONTHLY, OR ANNUALLY

ANSWER EACH QUESTION	YES	NO
1. HAS ANY MEMBER OF YOUR HOUSEHOLD EVER BEEN CHARGED, ARRESTED OR CONVICTED FOR DRUGS, ALCOHOL, VIOLENCE, OR A SEXUAL OFFENSE? IF YES, WHAT CRIME AND WHEN? _____ YEAR _____		
2. HAS ANY MEMBER OF THE HOUSEHOLD EVER HAD HOUSING ASSISTANCE IN A HUD HOUSING PROGRAM? IF YES, WHEN AND WHERE? _____		

ANSWER EACH QUESTION	YES	NO
1. ARE ALL HOUSEHOLD MEMBERS CITIZENS OF THE UNITED STATES?		
2. IF NO, CAN YOU SUPPLY ELIGIBLE IMMIGRANT STATUS?		
3. INDICATE TOTAL NUMBER OF HOUSEHOLD MEMBERS WHO ARE UNITED STATES CITIZENS:		

**SIGNATURES**

SIGNATURE OF HEAD OF HOUSEHOLD:	DATE:
SIGNATURE OF SPOUSE	DATE:
SIGNATURE OF OTHER ADULT:	DATE:
SIGNATURE OF OTHER ADULT:	DATE:

I DO HEREBY SWEAR AND ATTEST THAT ALL OF THE INFORMATION ABOVE ABOUT ME IS TRUE AND CORRECT.

FURTHERMORE, I UNDERSTAND THAT ANY FALSE OR FRAUDULENT STATEMENTS OR WILLFUL OMISSIONS OF INFORMATION MAY BE REGARDED AS WILLFUL MISREPRESENTATION AND MAY RESULT IN THE DENIAL OR TERMINATION OF MY RENTAL ASSISTANCE.

**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 ALSO UNDERSTAND THAT ALL CHANGES IN ADDRESS OR INCOME, AS WELL AS ANY CHANGES IN HOUSEHOLD MEMBERS, MUST BE REPORTED IN WRITING TO THE HOUSING AUTHORITY WHILE ON THE WAITLIST.



Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants  
**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

This form is to be provided to each applicant for federally assisted housing

**Instructions: Optional Contact Person or Organization:** You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
<b>Commitment of Housing Authority or Owner:</b> If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

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**Signature of Applicant**

**Date**

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number. **Privacy Statement:** Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

Form HUD- 92006 (05/0