

# TENANT INFORMATION FORM

Applicant ID \_\_\_\_\_

Please review and complete this form. This information will help us determine your assistance.

Applicant Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Physical Address (if different than above) \_\_\_\_\_

Telephone Number: \_\_\_\_\_  Home  Work  Cell  Other \_\_\_\_\_

Telephone Number: \_\_\_\_\_  Home  Work  Cell  Other \_\_\_\_\_

E-mail Address \_\_\_\_\_  I would like to receive correspondence via e-mail.

## Part 1: Household Information

Starting on the first line for the Head of Household, please supply the following information for all adults and children that will live in the housing unit to be assisted. List adults first, then children. Enter one of the following codes in box 6 to identify the household relationship of each adult and child listed.

H = Head of Household  
S = Spouse (Married)

K = Co-Head (Not Married)  
F = Foster Child/Adult

Y = Youth Under 18  
E = Full Time Student Over 18

L = Live-in Aide  
A = Other Adult

1. Last Name & Sr, Jr, etc.	2. First Name	3. MI	4. Date of Birth	5. Sex <input type="checkbox"/> M <input type="checkbox"/> F	6. Relation	7. Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No
8. Ethnicity (Check One Box) <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino		9. Race (Check All That Apply) <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American		10. Social Security Number		
1. Last Name & Sr, Jr, etc.	2. First Name	3. MI	4. Date of Birth	5. Sex <input type="checkbox"/> M <input type="checkbox"/> F	6. Relation	7. Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No
8. Ethnicity (Check One Box) <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino		9. Race (Check All That Apply) <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American		10. Social Security Number		
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# TENANT INFORMATION FORM

## Part 1: Household (Continued)

1. Does your family lack a regular nighttime residence, live in a shelter, or other non residential place?  Yes  No
2. Do you currently live or have you previously lived in, public housing, housing assisted by the Section 8 program, or any other type of federally subsidized housing?  Yes  No
3. Have you or any member of your household been evicted from Public housing, Indian housing, Section 23 housing, or housing assisted by the Section 8 program, for drug-related criminal activity during the past three years?  Yes  No
4. Do you or any member of your household have a history of controlled substance or alcohol abuse that has not been abated through rehabilitation?  Yes  No
5. Have you or any member of your household been convicted of drug-related criminal activity for manufacture or production of methamphetamine on the premises of federally assisted housing?  Yes  No
6. Are you or any member of your household subject to a lifetime sex offender registration under a State sex offender registration program?  Yes  No
7. If any child or foster child under age six residing in the assisted unit tested positive for an EBL (Elevated Blood Lead Level) list the first name of each child with an EBL here:

## Part 2: Unit To Be Occupied by Assisted Family (If Known)

<b>Owner Information</b> Name _____ Address _____ City _____ State _____ ZIP _____ Home Telephone _____ Work Telephone _____	<b>Assisted Unit Information:</b> Address _____ Apt. _____ City _____ State _____ ZIP(+4) _____ Unit Entrance <input type="checkbox"/> Front <input type="checkbox"/> Side <input type="checkbox"/> Rear Unit Floor Level <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Other: _____
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## Part 3: Asset Information

1. Has any member of the family given away or disposed of assets valued at more than \$1,000 for less than fair market value during the past two years?  Yes  No

List household assets held by any family member, irrespective of age, in the space provided below. An asset is any one of the following types without limitation:

401(k) or 403(b)	Checking Account	Life Insurance Policies	Pensions	Stocks
Bonds	Individual Retirement Accounts (IRA)	Money Market Account	Real Property (land)	Trust Funds
Certificate of Deposit	Inheritances	Mutual Funds	Savings Account	

**DOCUMENTATION REQUIRED:** Provide current statements showing the value and interest rate of each asset and check the Documentation Attached box for each income.

Account Holder	Type of Account	Account Number	Current Balance \$	Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
Verification Source Name and Address				
Account Holder	Type of Account	Account Number	Current Balance \$	Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
Verification Source Name and Address				
Account Holder	Type of Account	Account Number	Current Balance \$	Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
Verification Source Name and Address				
Account Holder	Type of Account	Account Number	Current Balance \$	Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
Verification Source Name and Address				

Attach Additional Sheets if Necessary

# TENANT INFORMATION FORM

## Part 4: Income Information

1. Did you file a Federal Income Tax Return last year?  Yes  No

2. Does anyone living outside your household pay for or provide money for any of your household bills or living expenses?  Yes  No

List income information for all family members 18 or older, including income received on behalf of the household members under the age of 18. Check "Fixed" for income that changes annually based on a COLA or Interest Rate. An income is any one of the following types without limitation:

Alimony Payments	Food Stamps	Self Employment	Wages/Salaries
Child Support	Military Pay	Social Security Benefits	Welfare Benefits
Disability Benefits	Periodic Gifts	SSI	Worker's Compensation
Financial assistance to attend school	Retirement Payments	Unemployment Benefits	

**DOCUMENTATION REQUIRED:** Provide two current and consecutive original pay stubs, payroll summary reports, SSA benefit verification letters, child support payment stubs, welfare benefit letters and/or printouts, self employment tax statements, or unemployment benefit notices, and check the Documentation Attached box for each income.

Member Name	Income Type	Fixed <input type="checkbox"/>	Monthly Income \$	Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
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Verification Source Name and Address

Member Name	Income Type	Fixed <input type="checkbox"/>	Monthly Income \$	Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
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Verification Source Name and Address

Member Name	Income Type	Fixed <input type="checkbox"/>	Monthly Income \$	Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
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Verification Source Name and Address

Member Name	Income Type	Fixed <input type="checkbox"/>	Monthly Income \$	Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
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Verification Source Name and Address

Member Name	Income Type	Fixed <input type="checkbox"/>	Monthly Income \$	Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
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Verification Source Name and Address

Member Name	Income Type	Fixed <input type="checkbox"/>	Monthly Income \$	Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
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Verification Source Name and Address

Member Name	Income Type	Fixed <input type="checkbox"/>	Monthly Income \$	Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
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Verification Source Name and Address

Member Name	Income Type	Fixed <input type="checkbox"/>	Monthly Income \$	Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
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Verification Source Name and Address

# TENANT INFORMATION FORM

## Part 5: Household Expenses

1. Does any adult household member (age 18 or older) attend school full time? (If yes, provide current enrollment and financial aid information from registrar or admissions officer and enter contact information in the section below.)  Yes  No

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2. Does any member of your family have UNREIMBURSED expenses for care of a child age 12 or younger so that an adult family member can work or attend classes?  Yes  No

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3. Does any member of your family have UNREIMBURSED expenses for care of a person with disabilities so that an adult family member can work?  Yes  No

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4. **ONLY complete the following if the head of household, spouse or co-head is age 62 or older, or has a disability.**  
Does any member of your family have UNREIMBURSED medical expenses (i.e. Medical Insurance Premiums; Medical, Dental, or Optical Expenses; or Expenses for Prescription/Non Prescription Medicines (prescribed by a physician))?  Yes  No

List expense information relating to questions marked as Yes in the lines above.

**DOCUMENTATION REQUIRED:** Provide documentation from Verification Source listing the monthly payment for each expense and check the Documentation Attached box for each expense.

Member Name	Allowance Type	Monthly Payment \$	Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
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Verification Source Name and Address

Member Name	Allowance Type	Monthly Payment \$	Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
-------------	----------------	-----------------------	--

Verification Source Name and Address

Member Name	Allowance Type	Monthly Payment \$	Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
-------------	----------------	-----------------------	--

Verification Source Name and Address

Member Name	Allowance Type	Monthly Payment \$	Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
-------------	----------------	-----------------------	--

Verification Source Name and Address

Member Name	Allowance Type	Monthly Payment \$	Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
-------------	----------------	-----------------------	--

Verification Source Name and Address

Member Name	Allowance Type	Monthly Payment \$	Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
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Verification Source Name and Address

Attach Additional Sheets if Necessary

## Part 6: Head of Household Must Sign this Form Certifying Accuracy of Information Provided

I certify that the information on this form is true and complete to the best of my knowledge and belief. I understand that I can be fined up to \$10,000, or imprisoned up to five years if I furnish false or incomplete information.

X \_\_\_\_\_

\_\_\_\_\_ Date

# Authorization for the Release of Information

## Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)  
and the Housing Agency/Authority (HA)

U.S. Department of Housing  
and Urban Development  
Office of Public and Indian Housing

OMB CONTROL NUMBER: 2501-0014  
exp. 07/31/2017

PHA requesting release of information; (Cross out space if none)  
(Full address, name of contact person, and date)

IHA requesting release of information: (Cross out space if none)  
(Full address, name of contact person, and date)

March 11, 2019

**Authority:** Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

**Purpose:** In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the current level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

**Uses of Information to be Obtained:** HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

**Who Must Sign the Consent Form:** Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental Voucher
- Section 8 Moderate Rehabilitation

**Failure to Sign Consent Form:** Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

### Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to the wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(1)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

**Consent:** I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

**Signatures:**

\_\_\_\_\_  
Head of Household Date \_\_\_\_\_

\_\_\_\_\_  
Social Security Number (if any) of Head of Household

\_\_\_\_\_  
Other Family Member over age 18 Date \_\_\_\_\_

\_\_\_\_\_  
Spouse Date \_\_\_\_\_

\_\_\_\_\_  
Other Family Member over age 18 Date \_\_\_\_\_

\_\_\_\_\_  
Other Family Member over age 18 Date \_\_\_\_\_

\_\_\_\_\_  
Other Family Member over age 18 Date \_\_\_\_\_

\_\_\_\_\_  
Other Family Member over age 18 Date \_\_\_\_\_

\_\_\_\_\_  
Other Family Member over age 18 Date \_\_\_\_\_

Document ID: \_\_\_\_\_

**Privacy Act Notice.** Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

**Penalties for Misusing this Consent:**

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD-9886 is restricted to the purposes cited on the form HUD-9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.

# DECLARATION OF CITIZENSHIP

Applicant ID

March 11, 2019

PLEASE COMPLETE THIS FORM AND RETURN TO:

## Part 1: Applies to All Family Members

Each person who will benefit under the Section 8 Rental Assistance Program must either be a citizen or national of the United States, or be a noncitizen who has eligible immigration status that qualifies them for rental assistance as determined by the U.S. Department of Housing and Urban Development and the U.S. Immigration and Naturalization Service.

**One box on this form must be checked for each family member indicating status as a citizen or a national of the United States, or a noncitizen with eligible immigration status. Family members residing in the unit to be assisted that do not claim to be a citizen or national of the United States, or do not claim to be a noncitizen with eligible immigration status should not check any box.**

All adults must sign where indicated. For each child who is not 18 years of age, the form must be signed by an adult member of the family residing in the dwelling unit who is responsible for the child. Use blank lines to add family members who are not listed.

First Name	Last Name	Age	I am a citizen or national of the U.S.	or	I am a noncitizen with eligible immigration status.	Signature of Adult Listed to the left, or Signature of Guardian for Minors.
_____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	X _____
_____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	X _____
_____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	X _____
_____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	X _____
_____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	X _____
_____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	X _____
_____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	X _____
_____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	X _____
_____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	X _____

**Warning -** Title 18 US Code Section 1001 states 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. If this form contains false or incomplete information, you may be required to repay all overpaid rental assistance you received; fined up to \$10,000, imprisoned for up to 5 years; and/or prohibited from receiving future assistance.

**NOTE: Family members who have checked a box indicating that they are a noncitizen with eligible immigration status must complete Part 2 of this form.**

**Part 2: Applies to Noncitizen Family Members Only**

All family members who have claimed eligible immigration status on Part 1 of this form must provide this office with an original of one of the following documents:

- (1) Form I-551, Alien Registration Receipt Card
- (2) Form I-94, Arrival-Departure Record with appropriate annotations or documents
- (3) Form I-688, Temporary Resident Card
- (4) Form I-688B, Employment Authorization Card
- (5) A receipt issued by the INS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and the applicant's entitlement to the document has been verified.

Please call at to arrange for delivery and copying of original documents.

Do not mail original documents to this office.

If documents are not presented and verified, your family's rental assistance may be reduced, denied, or terminated as provided in regulations promulgated by the U.S. Department of Housing and Urban Development, pending available appeals processes.

**Head of Household Certification**

As head of household I certify, under penalty of perjury, that all members of my household are listed on Part 1 of this form and that members of my household that have not checked either box on Part 1 of this form do not claim to be citizens or nationals of the United States, or noncitizens with eligible immigration status.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Consent to Verify Eligible Immigration Status**

Each family member required to complete Part 2 of this form must sign below granting consent to verify eligible immigration status. For each child who is not 18 years of age, the form must be signed by an adult member of the family residing in the dwelling unit who is responsible for the child.

First Name	Last Name	Age	Signature of Adult Listed to the left, or Signature of Guardian for Minors.	Office Use Only INS VERIF. #
_____	_____	_____	X _____	_____
_____	_____	_____	X _____	_____
_____	_____	_____	X _____	_____
_____	_____	_____	X _____	_____
_____	_____	_____	X _____	_____
_____	_____	_____	X _____	_____
_____	_____	_____	X _____	_____
_____	_____	_____	X _____	_____
_____	_____	_____	X _____	_____

Evidence supplied with this form may be released by the Housing Agency, without responsibility for its further use or transmission, to the Immigration and Naturalization Service for purposes of verification of the immigration status of the individual or to the U.S. Department of Housing and Urban Development, as required. The U.S. Department of Housing and Urban Development is not responsible for the further use or transmission of the evidence or other information.



# Housing Survey

## Housing Choice Voucher Program

Please complete all of the information about the housing unit listed below.

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### Unit Location

---

Building Name (optional) \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

---

### Management and Owner Information

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#### Management Information

Managed By  Owner  
 Management Company

Mgr Name \_\_\_\_\_

Mgr Phone \_\_\_\_\_

Is the Owner / Manager On-Site?  Yes  No

#### Owner Information

Owner Name \_\_\_\_\_

Owner Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP \_\_\_\_\_

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### Unit Size, Cost and Utilities Provided

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#### Size of Unit

Number of Bedrooms \_\_\_\_\_

Number of Bathrooms \_\_\_\_\_

Square Footage  Above Average  
 Average  
 Below Average

#### Lease Information

Current Rent \$ \_\_\_\_\_

Date Rented \_\_\_\_\_

Unit is assisted under a Federal, State or local government program or the rent and rent increases are restricted by law or court action.  Yes  No

#### Owner Paid Utilities

Check all utilities that are included in the rent

Heat  Water Heat  Water  Trash Collection  Refrigerator  
 Cooking  Other Electric  Sewer  Air Conditioning  Range

#### Types of Utilities Used

The unit is heated with:

Natural Gas  Bottle Gas  
 Electric  Oil

The stove uses:

Natural Gas  Bottle Gas  
 Electric  Oil

The hot water is heated with:

Natural Gas  Bottle Gas  
 Electric  Oil

# Housing Survey

Housing Choice Voucher Program

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## Unit Type, Quality and Age

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### Unit Type

Check the one box that best describes the unit

- |   |  |
|---|--|
| <input type="checkbox"/> High Rise            | <input type="checkbox"/> Row House/Garden Apt.     |
| <input type="checkbox"/> Mobile Home          | <input type="checkbox"/> Single Family Detached    |
| <input type="checkbox"/> Older Home Converted | <input type="checkbox"/> Two/Three Family (Duplex) |
| <input type="checkbox"/> Older Multi-Family   |  |

### Quality of the Unit

Describe the overall quality and condition of the unit in comparison with other apartments you have seen.

- Above Average  
 Average  
 Below Average

### Age

Estimated year of construction or last major renovation \_\_\_\_\_

### Accessibility

Check all boxes that apply if the unit has specific features to assist people with the following types of disabilities:

- Hearing     Sight  
 Mobility  
 Other

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## Amenities, Services and Maintenance

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Check all of the items listed below that are included in the rent of the unit.

- Balcony, patio, deck, porch
- Driveway
- elevator
- Exceptional size relative to needs of family
- Garage or parking facilities
- Good maintenance of building exterior
- Good upkeep of grounds
- High quality floors or wall coverings
- Large yard
- Other forms of weatherization
- Screen doors or windows
- Security
- Storm windows and doors
- Washer Dryer hook up
- Working fireplace

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## Certification

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I certify that the information on this form is true and complete to the best of my knowledge and belief.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date