

AFFORDABLE TRANSITIONAL HOUSING APPLICATION

Part 1: Head of Household					
Applicant				_	Ethnicity (Check one Box)
First Name: [Last Name:]	Hispanic Not Hispanic
Social Security Number:				_	Race (Check all that apply)
Date of Birth	Mth Day	Yr			White
Sex	Male		Female		Black/African American
Telephone Number: Other Phone/E-mail:					American Indian/Alaska Native Asian Native Hawaiian/Other Pacific Islander
Additional Phone					
Do you qualify for a reason	Yes	due to a disabil	lity? No		Racial and ethnic data for statistical purposes only.
Part 2: Household Informat	tion			Martina Address	
(Where you currently live)				Mailing Address (If different from y mailing address)	your legal address, please provide your
Address Line 1:				Address Line 1:	
Address Line 2:				Address Line 2:	
City:				City:	
State:				State:	
Zip Code: Note: If your legal or mailing	addraga abayas	u must notifical	a Hausiaa Authorita	Zip Code:	in your waiting list status

Household Members

List information for adults first, then children under age 18. Use "F" or "M" to indicate sex. If a household member qualifies for a reasonable accommodation due to a disability select "Y", if not, select "N". List relationship of each person to the Head of Household.

*First Name		*Last Name	*Social Security Number	*Date of Birth	*Sex	*Disabled		*Relationship
Sample		Application	999-99-999	/01/197	M	N		(i.e., head, spouse, full-time student 18+, Other youth under 18
For all additional household mumber field bland if your hou	nembers isehold	s entered here, all fields are r member doesn't have one.	equired EXCE	PT the	Social S	Security nur	nber. F	Please leave the Social Security

Part 3: Family Income and Assets

List total gross income (before taxes) and payments received by each family member age 18 or older for wages, military pay, pensions, social security, SSI, welfare, child support, unemployment, business, profession, or any other source. Include payments made to family members age 18 or older on behalf of family members under age 18.

Household member First How Name Gross Income Often If Income is from Wages, List Name and Address of Employer

Sample	\$ 1,250.00	(i.e., monthly, weekly,	Sample Taco, 1234 Address, Detroit, MI
	\$		
	\$		
	\$		
	\$		
	\$		

Type of Asset	Cash Value of Asset	Income Received from Asset
Checking Accounts	\$	\$
Savings Accounts	\$	\$
Stocks, Bonds, CDs, Investm	\$	\$
Real Estate	\$	\$
Other	\$	\$

Part 4: Eligibility and Preferences

Your response to the following statement will help determine your eligibility for rental assistance and if you are entitled to a preference when placed on the program's waiting list. Select the appropriate responses for each question below.							
Regarding Handicapped: We are not handicapped equipped.							
• • • • • • • • • • • • • • • • • • • •	oyeed, you must be receiving section 8						
	, ,						
Yes No	I the Head of Household, co-head or spouse a person with disabilities? *						
Yes No	Has the head of household, co-head or spouse been employeed for at least 3 months, working an average of 30 hours per month? *						
Yes No	Is the head of household, co-head or spouse actively engaged in or has recently completely (within the last 12 months) an employment, education or training program?*						
Yes No	Has anyone in your household been diagnosed by a medical professional with a terminal illness with life expectency of 12 months or less? *						
Yes No	INFORMATION ONLY: Do you have an E-mail address? If yes, please provide it in the box below. *						
Yes No	INFORMATION ONLY: To better serve you: Do you require an interpreter? If yes, please rovide the language you need interpreted. If not, what is the rimary language spoken in your home? *						
100 110	Index morphologic in not, unacto the inner hanguage operion in your name.						
	Optional Contact Information						
	e as part of your application contact information for a person or organization that may be able to help you resolve any your tenancy or to assist in providing any special care or services you may require should you become a tenant. You						
are not required to provide the	his contact information, but if you choose to do so, please click the "Add Contact" button below to complete the form.						
Contact - Name (i.e.,							
business or individual)	Contact Phone						
	<u> </u>						
	1						
	-						
Check this line if you choos	e not to provide the contact information.						
	otification and Certification HORIZATION CAREFULLY: By submitting this application for Section 8 voucher assistance I authorize Perspectives 4						
Life, Inc to verify all informat	ion I supplied within the application. I also authorize Perspectives 4 Life, Inc. to determine the eligibiity of my						
household for housing assistance by examing criminal background records and citizenship status. In addition, I authorize Perspectives 4 Life, Inc to run my Credit Report. I understanding that providing false information is grounds for denial of housing assistance.							
By signing and submitting this form, 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.							
Applicant Signature:							
Applicant Signature							