



III. INFORMATION ABOUT HOUSEHOLD

PLEASE ANSWER ALL QUESTIONS YES OR NO OR N/A AND COMMENT IF NEEDED:

ARE ALL OF YOUR HOUSEHOLD MEMBERS CITIZENS OF THE UNITED STATES? (IF NO, APPLICANT MUST SUBMIT ADDITIONAL DOCUMENTATION OF TVRHA FORM #166) TELEPHONE NUMBER

PERSON TO CONTACT IN CASE OF EMERGENCY: NAME ADDRESS

HAS ANY ADDITIONS TO YOUR HOUSEHOLD EVER LIVED IN PUBLIC HOUSING OR ANY OTHER TYPE OF SUBSIDIZED OR GOVERNMENT HOUSING?

IF YES, WHERE EVICTED OWES MONEY WHEN FRAUD HOW MUCH

HAS ANYONE IN THE HOUSEHOLD BEEN ARRESTED FOR A CRIME? HAS ANYONE IN THE HOUSEHOLD BEEN CONVICTED OF A CRIME?

IF YES TO EITHER OR BOTH QUESTIONS WHO WHEN WHAT CHARGE WHERE

IV. ASSETS

PLEASE ANSWER ALL QUESTIONS YES OR NO OR N/A AND COMMENT IF NEEDED:

DO YOU HAVE A LIFE INSURANCE POLICY WHICH HAS A CASH VALUE? IF YES, NAME AND ADDRESS OF COMPANY POLICY #

DO YOU OWN OR HAVE ANY INTEREST IN ANY BUSINESS/RENTAL PROPERTY?

DO YOU OWN OR HAVE INTEREST IN ANY OF THE FOLLOWING: STOCKS BONDS CERTIFICATE OF DEPOSIT OTHER INVESTMENTS

DO YOU OWN ANY LAND? DO YOU OWN A HOUSE/MOBILE HOME?

HAVE YOU SOLD ANY PROPERTY/LAND/HOUSE/ETC. IN THE LAST TWO YEARS?

DO YOU HAVE A SAVINGS ACCOUNT? CURRENT BALANCE?

DO YOU HAVE A CHECKING ACCOUNT? CURRENT BALANCE?

IF YES, NAME AND LOCATION OF BANK:

DO YOU OWN OR ARE YOU PURCHASING A CAR? MAKE MODEL YEAR TAG NUMBER

WARNING! TITLE 18, SECTION 1001 OF THE UNITED STATES CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY & WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.

I DO HEREBY SWEAR AND ATTEST THAT ALL OF THE INFORMATION ABOVE IS TRUE AND CORRECT. I ALSO UNDERSTAND THAT I AM REQUIRED TO REPORT ALL CHANGES IN THE INCOME OF MY HOUSEHOLD AS WELL AS ANY CHANGES IN MY FAMILY MEMBERS TO THE HOUSING AUTHORITY IN WRITING IMMEDIATELY.

SIGNATURE OF HEAD OF HOUSEHOLD DATE SIGNATURE OF INTERVIEWER SIGNATURE OF SPOUSE OR OTHER ADULT DATE DATE TIME

FOR HOUSING AUTHORITY USE ONLY

MOVE IN INFORMATION ONLY PROJECT NUMBER UNIT NO. REASON BEDROOM SIZE REQUIRED DATE ASSIGNED BEDROOM SIZE ASSIGNED LEASE EFFECTIVE ELDERLY FAMILY? YES/NO PHYSICAL ADDRESS AGE DISABLED HANDICAPPED CITY STATE LOT NUMBER SUBDIVISION PRO RATA RENT CALCULATION 0.00 DAILY RENT X DAYS = 0.00

RE-EXAM INFORMATION ONLY

1. CHANGE UNIT SIZE FROM BR TO BR 2. CHANGE RENT FROM TO EFFECTIVE 3. EXECUTE NEW LEASE EFFECTIVE REASON 4. SCHEDULE OF NEXT RE-EXAM

CERTIFICATION

ON THE BASIS OF THE DETERMINATIONS SET FORTH ABOVE, THE FAMILY HAS BEEN FOUND TO BE:

ELIGIBLE FOR CONTINUED HOUSING ASSISTANCE INELIGIBLE FOR CONTINUED HOUSING ASSISTANCE

HOUSING MANAGER DATE