



INFORMATION FORM FOR RENTAL ASSISTANCE BENEFITS

DO YOU NEED ASSISTANCE IN COMPLETING THIS FORM?	(CHECK ONE) ⇌⇌⇌	YES	NO	
WHAT LANGUAGE DO YOU PREFER WHEN COMPLETING THIS APPLICATION?				

Please complete all sections of this form and ANSWER all questions. DO NOT leave any questions blank. If a question does not apply write "NO" or "not applicable". If you do not understand a question, you may ask for an explanation.

WARNING: Making false statements on this document is considered FRAUD and may result in TERMINATION from the program and CRIMINAL PROSECUTION.

HEAD OF HOUSEHOLD (HOH)

Last Name	First Name	E-mail Address
Street Address	Apt Number	Cell Phone Number ()
City	Zip Code	Home Phone Number ()

SECTION I - HOUSEHOLD COMPOSITION

A. FAMILY HOUSEHOLD COMPOSITION

Please list ALL people living in your home. If you need more space, please use a separate sheet of paper and attach to this form. List the Head of Household first followed by spouse/co-head then oldest to youngest household members.

When designating Race and Ethnicity use the following codes:

Race: 1=White; 2=Black/African American; 3=American Indian/Alaska Native; 4=Asian; 5=Native Hawaiian/Other Pacific Islander

Ethnicity: H = Hispanic and NH = Non-Hispanic

Full Name As it appears on Social Security Card	Sex	Birth Date month/day/year	Relationship to Head of Household	Place of Birth	Dis- ability (Y or N)	Race	Eth- nicity
1)			SELF				
2)							
3)							
4)							
5)							
6)							
7)							
8)							
9)							
10)							

B. Supplemental Household Composition Information

	Yes/No
1) Do you or any household member need reasonable accommodations because of their disability? If yes, please describe the nature of the request for reasonable accommodation by family member:	
2) Is there a household member with a disability that started a new job or got a raise in the last 12 months? If yes, please explain:	
3) Is any household member temporarily absent from the home? Away at school or military service, etc. If yes, please explain:	
4) Has any household member been out of the subsidized unit for more than 180 days in the past 12 months? If yes, please explain:	

B. Supplemental Household Composition Information				Yes/No
5) Does any household member have any minor children that do not live in the home? If yes, please explain:				
6) Does anyone live with you who is not listed above?				
7) Do you plan to have anyone living with you in the future who is not listed above?				
C. SEPARATED/DIVORCED				Please list spouse or ex-spouse information
Spouse/Ex-spouse Full Name	Last Known Address (If unknown, write city and/or state)		Divorced? YES/NO	Year Separated
1)				
2)				
3)				
D. ABSENT PARENT(S)				Please list absent parent(s) information for all children in the household.
Child Name(s)	Absent Parent Name	Last Known Address	Any contact with absent parent? YES/NO	
1)				
2)				
3)				
4)				
4. STUDENT STATUS Please list all household members who are attending school part time or full-time for high school, college, and vocational school. School transcripts and verification of payment are required for all college students.				
Student Name	Part time or Full time Student?	School Name and Address	Financial Aid Amount	Type of Degree
1)				
2)				
3)				
4)				

SECTION II – HOUSEHOLD INCOME

Please answer each question below. If you answered “YES” please fill out information below for the household member(s) who receives this income(s).

A. SSI / PENSION / OTHER BENEFITS				YES/NO
Do you or any household member(s) receive Social Security/SSI benefits ?				
Do you or any household member(s) have or receive pension, retirement benefits, or an annuity ?				
Do you or any household member(s) receive disability benefits ?				
Do you or any household member(s) receive unemployment benefits, workman’s compensation ?				
Name of Household Member	Amount	Name & address of Agency/Office		
B. EMPLOYMENT				YES/NO
Do you or any household member(s) receive full/part-time job earnings or severance pay ?				
Does any household member expect to work for any period during the next 12 months?				
Does any household member work for someone who pays them in cash ?				
Do you or any household member(s) receive tips, commissions or bonuses ?				
Do you or any household member(s) receive military or reserve pay ?				
Are you or any household member(s) self-employed or own a business ?				
Is any household member on leave of absence from work due to lay-off, medical, maternity or military leave?				
Name of Household Member	Gross Pay	*How often paid	Name of Employer	Your Work Phone Number

*Monthly (once a month), semi-monthly (twice a month); bi-weekly (every two weeks); weekly.

C. CONTRIBUTIONS				YES/NO
Does anyone outside your household give you money or pay your bills for you?				
Does anyone outside your household buy you supplies such as groceries, clothing, household items, formula, diapers, etc?				
Did any organization help you pay a bill or expense?				
If you answered yes to any of these questions, please explain:				
D. PUBLIC ASSISTANCE BENEFITS				YES/NO
Do you or any household member(s) receive SNAP, TANF, welfare or other public assistance?				
Do you or any household member(s) receive adoption or foster care payments?				
Name of Household Member	Monthly Amount	Type of Benefit		
E. CHILD SUPPORT OR ALIMONY BENEFIT(S)				YES/NO
Do you or any household member(s) receive child support directly from an absent parent/spouse?				
Do you or any household member(s) have an open child support case with a court?				
Do you or any household member(s) receive child support from the child support enforcement office (DCSE)?				
Is any member of your household entitled to receive child support that he/she is not now receiving?				
Does the absent parent purchase items for child(ren) such as clothing, food, formula, diapers, etc?				
Do you or any household member(s) have an open alimony case with the court?				
Do you or any household member receive alimony through the court or directly from the x-spouse?				
Is any household member entitled to receive alimony that he/she is not now receiving?				
Name of Child	Absent Parent/Spouse name and Address	Monthly Amount	Cash Value of Purchases, clothing, food, formula, etc	
F. FEDERAL INCOME TAX				YES/NO
Did you or any household member(s) file a federal income tax return in the last 12 months?				
Did you or any household member(s) receive a W2(s) and/or 1099(s) income form but did NOT file a tax return?				
Were you or any household member(s) claimed as a dependent on someone else's taxes?				
Name of Household Member	TAX YEAR	Reason taxes not filed	Name of Person claiming family member as dependent	
G. Miscellaneous Income Questions				YES/NO
Do you or any household member(s) receive income from rental property?				
Do you or any household member(s) receive any type of income, money or financial support from any source(s) other than already asked?				
Name of Household Member	Amount	How often rec'd	Explanation of Income	

SECTION III – ASSETS

Please answer each question below. If you answer "YES" please fill out information below for the household member(s) with that asset(s). If you need more space, use a separate sheet of paper and attach to this form.

A. ACCOUNT INFORMATION				YES/NO
Do you or any household member(s) have a savings or checking account?				
Are you or any household member listed on a joint account with someone not listed as a household member?				
Do you or any household member(s) have stocks, bonds or certificate of deposits (CDs)?				
Do you or any household member(s) have a money market fund/trust fund/investment account?				
Do you or any household member(s) have a retirement (e.g. VRS), 401K, federal thrift savings plan (TSP), IRA or Keogh account?				
Name of Household member	Company/Bank Name	Type of Account	Account Number	

A. ACCOUNT INFORMATION				YES/NO
B. LUMP SUM INCOME				YES/NO
Did you or any member of your household receive a large sum of money from any source within the last 12 months?				
Name of Household member	Amount	Date	Type of Income	

C. PROPERTY			YES/NO
Do you or anyone in your household, own or have an interest in commercial or residential real estate or a mobile home?			
Have you or anyone in your household sold or given away any real estate in the last two years?			
Name of Household member	Address of real estate	Market Value of real estate	

SECTION IV – INCOME EXCULSIONS

See supplemental page.

SECTION V – EXPENSES

Please answer each question below. If you answer “YES” please fill out information below for the household member(s) with that expense(s).

A. MEDICAL EXPENSES (only complete if HOH is elderly or disabled)	YES/NO
Does any household member(s) anticipate having out of pocket medical expenses in the next 12 months? If yes, how much \$	
Do you have Medicare? If yes, what is your Medicare premium #	
Do you have any other kind of medical insurance? If yes, list policy number and agent’s name:	
Do you have medical assistance through the Department of Social Services?	
Do you have any outstanding medical bills on which you are paying?	
Do you have any special needs for housing? If yes, list your special needs:	
Do you have recurring medical expenses?	

B. CHILD CARE				YES/NO
Do you or a household member pay childcare for a child 12 and under to go to work or to school?				
If yes, is the childcare expense paid for by an agency or by another person outside of your household?				
Name of child	Monthly Care Expenses	Providers name & Address	Name of Agency if paid by an agency	

C. DISABILITY EXPENSES				YES/NO
Do you pay for a care attendant or for any equipment for a disabled household member in order for you or someone else in the household to work?				
Do you have any special medical needs?				
Name of Disabled Person	Monthly Care Expenses	Providers name	Special medical needs	

SECTION VI – VEHICLES

Please answer each question below. If you answer “YES” please fill out information below for the household member(s).

A. VEHICLES BEING USED BY YOUR HOUSEHOLD				YES/NO
Do you or any household member have a vehicle(s) registered to him/her?				
Do you or any household member have use of any vehicle(s) that is not registered to him/her?				
Name of Registered Owner	Make and Model of Vehicle	Year	License Plate Number	Monthly Payment

If you have reported zero income please complete letter C – Household Expenses. If you have reported income skip to Section VII.

C. HOUSEHOLD EXPENSES					
<ul style="list-style-type: none"> List the MONTHLY average amount ALL household members pay for each of the following. If the expense does not apply to you write NO or NONE. Do not leave any spaces blank 					
Rent	\$	Car payment	\$	Loan payment	\$
Gas	\$	Gasoline for car	\$	Credit cards	\$
Electricity	\$	Car insurance	\$	Life insurance	\$
Water	\$	Car maintenance	\$	Medical bills	\$
Trash & Sewer	\$	Public transportation	\$	Medical insurance	\$
Cable/Internet	\$	Childcare	\$	Groceries/Food	\$
Telephone	\$	Cell phone	\$	Other/Personal Spending	\$
TOTAL MONTHLY EXPENSES			\$		

SECTION VII – SUPPLEMENTAL INFORMATION

Please answer each question below. If you answer “YES” please fill out information below for that household member(s).

A. HOUSEHOLD INFORMATION	YES/NO
1) Are you or anyone in your household currently or ever been on parole or probation ?	
2) Have you or anyone in your household ever been cited, arrested, charged, or convicted of ANY crime (misdemeanor and felony) other than traffic violations? If yes, list in detail, regardless of date of offense:	
3) Are you or anyone in your household subject to registration as a sex offender in any state? If yes, list name of registrant and complete address where currently registered:	
4) Have you or anyone in your household ever used any name(s) or Social Security number(s) other than the one you currently use or were issued by the Social Security Administration? If yes, please give name(s) and/or Social Security number(s):	
5) Are you now or have you ever received or lived in any other assisted housing ? If yes, list in detail date(s) and location(s):	
6) Have you or anyone in your household ever committed fraud while receiving Federally Assisted Housing? If yes, list date and all details:	
7) Have you or anyone in your household ever been required to repay money for misrepresenting information on such program? If, yes, list date and all details:	
8) Have you ever been evicted from a federally assisted unit? If yes, list the details:	

9) Has your owner attempted to evict you for failure to pay rent or damages to the unit in the past 12 months? If yes, list the details:	
10) Have your utilities been off at any time in the past 12 months? If yes, list the dates turned off and back on and reason for disconnected service:	
11) Does anyone residing outside of your household receive mail at your residence or claim it as their residence on ANY legal document (driver's license, government assistance benefits, school, tax forms, vehicle registration, employment, etc.)? If yes, list name of person(s) and actual address where they reside and explanation of why they use your address.	

H. CONTACTS Please list below 1) an emergency contact person (someone who can get a hold of you quickly) and if you so choose 2) a person you designate with whom we can discuss your case, provide notices regarding actions on your case and who can request information regarding your case.

1) EMERGENCY CONTACT PERSON		2) DESIGNATED PERSON TO RECEIVE INFO AND DISCUSS YOUR HOUSING CASE.	
Name		Name	
Relationship		Relationship	
Phone Number		Phone Number	
Address		Address	
City/State/Zip		City/State/Zip	

If you or a member of your household is a person with a disability and require a reasonable accommodation in order to participate in OHCD's affordable housing program(s) or services, please submit your request to your Housing Program Specialist. OHCD prefers that your request be submitted in writing to better establish a record of the request; however, if you are unable to submit a written request for a reasonable accommodation, you may make your request by calling your Housing Program Specialist at the phone number provided to you.

SECTION VIII – CERTIFICATION OF THE FAMILY

I/We hereby certify under penalty of perjury that all the information contained in this document is true and complete to the best of my/our knowledge. I/We understand that false statements or information are punishable under Local and Federal Law and are grounds for denial of assistance, termination of assistance and termination of tenancy. **I understand that ALL changes in the income of ANY member of the household must be reported to PWC OHCD within 10 days of the change.** The Housing Agency **MUST APPROVE ANY** additional household members before they reside in the unit. The head of household must request **in writing** to add any member. **Failure to comply with the rules and regulations may result in termination from the program and criminal prosecution.**

I/We have read and understood a copy of the Statement of Family Obligations and Briefing Declaration. I/We hereby certify that I/we understand my/our responsibilities as a participant of the Housing Choice Voucher Program and my/our responsibility to report all changes to PWC OHCD and I/we further acknowledge that my/our housing assistance may be terminated and/or I/we may face criminal prosecution if I/we violate them.

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. **MAKING FALSE STATEMENTS IS ALSO A FELONY UNDER THE LAWS OF THIS STATE.**

Signature of Head of Household	Date	Signature of Spouse/Co-Head	Date
Signature of Other Adult in the Household	Date	Signature of Other Adult in the Household	Date
Signature of Other Adult in the Household	Date	Signature of Other Adult in the Household	Date

******If you have anyone outside your household helping you to complete this form or assisted with translation, please provide their name and their relation to your family******

Name of Helper (Printed)	Signature of Helper	Relationship to Family	Date
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HSII Notes about their review of the IFFRAB:

Housing Specialist signature

Date Reviewed IFFRAB

SECTION IV – INCOME EXCLUSIONS

All household income must be reported. It is your responsibility to report all your income. It is our responsibility to know what to do with it; include it, exclude it or pro-rate it. In order to help you with your reporting requirements and to inform you of the types of income that are included or excluded we have created this supplemental page. If you receive income that fits any of the following, that income is to be excluded from the calculation of your gross annual income. All other income must be included. If you do not understand a type of excluded income, you are welcome to contact your Housing Specialist for an explanation.

Please answer each question. Do not leave any questions blank.

Do you or any household member have or receive any of the following:	Yes/No
1. Income from employment of children (including foster children) under the age of 18 years;	
2. Payments received for the care of foster children or foster adults (usually individuals with disabilities, unrelated to the tenant family, who are unable to live along);	
3. Lump-sum additions to family assets, such as inheritances, insurance payments (including payments under health and accident insurance and worker’s compensation), capital gains, and settlement for personal or property losses (but see No. 5 under Income Inclusions);	
4. Amounts received by the family that are specifically for, or in reimbursement of, the cost of medical expenses for any family member;	
5. Income of an live-in aide (as defined by regulation);	
6. The full amount of student financial assistance paid directly to the student or to the educational institution;	
7. The special pay to a family member serving in the Armed Forces who is exposed to hostile fire;	
8a. Amounts received under training programs funded by HUD;	
8b. Amounts received by a person with disabilities that are disregarded for a limited time for purposes of SSI eligibility and benefits because they are set aside for use under a Plan to Attain Self-Sufficiency (PASS);	
8c. Amounts received by a participant in other publicly assisted programs which are specifically for or in reimbursement of out-of-pocket expenses incurred (special equipment, clothing, transportation, child care, etc.) and which are made solely to allow participation in a specific program;	
8d. A resident service stipend. This is a modest amount (not to exceed \$200.00 per month) received by a resident for performing a service for the owner, on a part-time basis, that enhances the quality of life in the development. This may include but is not limited to fire patrol, hall monitoring, lawn maintenance, and resident initiatives coordination and serving as a member of the PHA’s governing board. No resident may receive more than one such stipend during the same period of time;	
8e. Incremental earnings and benefits resulting to any family member from participation in qualifying state or local employment training programs (including training programs not affiliated with a local government) and training of a family member as resident management staff. Amounts excluded by this provision must be received under employment training programs, with clearly defined goals and objectives, and are excluded only for the period during which the family member participates in the employment training program?	
9. Temporary, nonrecurring, or sporadic income (including gifts) (temporary is income received for less than 30 days with a clearly defined start and end date);	
10. Reparations payments paid by a foreign government pursuant to claims filed under the laws of the government by persons who were persecuted during the Nazi era;	
11. Earnings in excess of \$480 for each full-time student 18 years or older (excluding the head of household and spouse);	
12. Adoption assistance payments in excess of \$480.00 per adopted child;	
13. Deferred periodic payments of supplemental security income and social security benefits that are received in a lump-sum payment or in prospective monthly payments;	
14. Amounts received by the family in the form of refunds or rebates under state or local law for property taxes paid on the dwelling unit;	
15. Amounts paid by a state agency to a family with a developmentally disabled family member living at home to offset the cost of services and equipment needed to keep the developmentally disabled family member at home; and	
16. Amounts specifically excluded by any other federal statute from consideration as income for purposes of determining eligibility or benefits under a category of assistance programs that includes assistance under the 1937 Act. A notice will be published in the Federal Register and distributed to PHAs identifying the benefits that qualify for this exclusion. Updates will be distributed when necessary. The following is a list of income sources that qualify for that exclusion (as listed in FR-V70 N97-20140520):	
16i The value of the allotment provided to an eligible household under the Food Stamp Act of 1977 (7 U.S.C. 2017(b));	
16ii Payments to volunteers under the Domestic Volunteer Service Act of 1973 (42 U.S. C. 5044(f)(1), 5058);	
16iii Certain payments received under the Alaska Native Claims Settlement Act (43 U.S.C. 1626(c))	
(iv) Income derived from certain sub-marginal land of the United States that is held in trust for certain Indian tribes (25 U.S. C. 459e);	
(v) Payments or allowances made under the Department of Health and Human Services’ Low-Income Home Energy Assistance Program (42 U.S. C. 8624(f));	
(vi) Income derived from the disposition of funds to the Grand River Band of Ottawa Indians (Pub. L 95 – 540, section 6);	

Do you or any household member have or receive any of the following:	Yes/No
(vii) The first \$2000 of per capita shares received from judgment funds awarded by the National Indian Gaming Commission or the U.S. Claims Court, the interests of individual Indians in trust or restricted lands, and the first \$2000 per year of income received by individual Indians from funds derived from interests held in such trust or restricted lands (24 U.S. C. 1407 0 1408). This exclusion does not include proceeds of gaming operations regulated by the Commission;	
(viii) Amounts of scholarships funded under title IV of the Higher Education Act of 1965 (20 U.S. C. 1070), including awards under federal work-study programs or under the Bureau of Indian Affairs student assistance programs (20 U.S. C. 1087uu). For section 8 programs only (42 U.S.C. 1437f), any financial assistance in excess of amounts received by an individual for tuition and any other required fees and charges under the Higher Education Act of 1965 (20 U.S. C. 1001 <i>et seq.</i>), from private sources, or an institution of higher education (as defined under the Higher Education Act of 1965 (20 U.S. C. 1002)), shall not be considered income to that individual if the individual is over the age of 23 with dependent children (Pub. L. 109-115, section 327) (as amended);	
(ix) Payments received from programs funded under the title V of the Older Americans Act of 1965 (42 U.S.C. 3056g);	
(x) Payments received on or after January 1, 1989, from the Agent Orange Settlement Fund (Pub. L. 101-201) or any other fund established pursuant to the settlement in <i>In Re Agent Orange Liability Litigation</i> , M.D.L. No. 381 (E.D.N.Y.);	
(xi) Payments received under the Maine Indian Claims Settlement Act of 1980 (Pub. L. 96-420, 25 U.S. C. 1728);	
(xii) The value of any child care provided or arranged (or any amount received as payment for such care or reimbursement for costs incurred for such care) under the Child Care and Development Block Grant Act of 1990 (42 U.S. C. 9858q);	
(xiii) Earned income tax credit (EITC) refund payments received on or after January 1, 1991, for programs administered under the United States Housing Act of 1937, title V of the Housing Act of 1949, section 101 of the Housing and Urban Development Act of 1965, and sections 221(d)(3), 235, and 236 of the National Housing Act (26 U.S.C. 32(l));	
(xiv) Payments by the Indian Claims Commission to the Confederated Tribes and Bands of Yakima Indian Nation or the Apache Tribe of Mescalero Reservation (Pub. L. 95-433);	
(xv) Allowances, earnings and payments to AmeriCorps participants under the National and Community Service Act of 1990 (42 U.S.C. 12637(d));	
(xvi) Any allowance paid under the provisions of 38 U.S.C. 1833(c) to children of Vietnam veterans born with spina bifida (38 U.S.C. 1802-05), children of women Vietnam veterans born with certain birth defects (38 U.S.C. 1811-16), and children of certain Korean service veterans born with spina bifida (38 U.S.C. 1821);	
(xvii) Any amount of crime victim compensation (under the Victims of Crime Act) received through crime victim assistance (or payments or reimbursement of the cost of such assistance) as determined under the Victims of Crime Act because of the commission of a crime against the applicant under the Victims of Crime Act (42 U.S.C. 10602(c));	
(xviii) Allowances, earnings, and payments to individuals participating in programs under the Workforce Investment Act of 1998 (29 U.S.C. 2931(a)(2));	
(xix) Any amount received under the Richard B. Russell School Lunch Act (42 U.S.C. 1760(e)) and the Child Nutrition Act of 1966 (42 U.S.C. 1780(b)), including reduced-price lunches and food under the Special Supplemental Food Program for Women, Infants, and Children (WIC);	
(xx) Payments, funds, or distributions authorized, established, or directed by the Seneca National Settlement Act of 1990 (25 U.S.C. 1774f(b));	
(xxi) Payments from any deferred U.S. Department of Veterans Affairs disability benefits that are received in a lump sum account or in prospective monthly amounts (42 U.S.C. § 1437a(b)(4));	
(xxii) Compensation received by or on behalf of a veteran for service-connected disability, death, dependency, or indemnity compensation as provided by an amendment by the Indian Veterans Housing Opportunity Act of 2010 (Pub. L. 111-269; 25 U.S.C. 4103(9)) to the definition of income applicable to programs authorized under the Native American Housing Assistance and Self-Determination Act (NAHASDA) (25 U.S.C. 4010 <i>et seq.</i>) and administered by the Office of Native American Programs;	
(xxiii) A lump sum or a periodic payment received by an individual Indian pursuant to the Class Action Settlement Agreement in the case entitled <i>Elouise Cobell et al. v. Ken Salazar et al.</i> , 816 F. Supp.2d 10 (Oct. 5, 2011 D.D.C.), for a period of one year from the time of receipt of that payment as provided in the Claims Resolution Act of 2010 (Pub. L. 111-291);	
(xxiv) Any amounts in an "individual development account" as provided by the Assets for Independence Act, as amended in 2002 (Pub. L. 107-110, 42 U.S.C. 604(h)(4));	
(xxv) Per capita payments made from the proceeds of Indian Tribal Trust Cases as described in PIH Notice 2013-30 "Exclusion from Income of Payments under Recent Tribal Trust Settlements" (25 U.S.C. 177b(a));	
(xxvi) Major disaster and emergency assistance received by individuals and families under the Robert T. Stafford Disaster Relief and Emergency Assistance Act (Pub. L. 93-288, as amended) and comparable disaster assistance provided by States, local governments, and disaster assistance organizations (42 U.S.C. 5155(d)).	

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Signature of Head of Household	Date	Signature of Spouse	Date
Signature of Other Adult in the Household	Date	Signature of Other Adult in the Household	Date
Signature of Other Adult in the Household	Date	Signature of Other Adult in the Household	Date