

# WASATCH COUNTY HOUSING AUTHORITY APPLICATION FOR ASSISTANCE (UPDATED 8/3/15)

Please fill out the application in blue or black ink!

<b>I. APPLICANT INFORMATION</b>		<b>AMOUNT APPLYING FOR: \$</b>			
Name:		Email Address:			
Date of birth:	SSN:	Phone:			
Current mailing address:					
City:	State:	ZIP Code:			
Own Rent (Please circle)	Monthly payment or rent:	How long?			
When did you move to Wasatch County (month & year)?					
A complete mailing address is critical. If our correspondence is returned or you do not respond, <b>your file will be closed!</b>					
Owned Rented (Please circle)	Monthly payment or rent:	How long?			
<b>II. TOTAL FAMILY INCOME (Gross monthly income for all household members)</b>					
<b>All money coming into the household from any source must be verified.</b> Amounts must be gross (before tax), monthly, whole-dollar totals. Verification of earned income may be (1) a full month of consecutive pay stubs; (2) a letter from your employer on company letterhead which includes starting date, salary or hourly wage, number of hours worked per week and signed by a supervisor or personnel department official; or (3) an employment verification form. Other income (i.e. child support, general assistance, AFDC, alimony, pensions, disability, or continuing assistance from family or church) must be verified by official, signed statements or computer printouts from providers or agencies.					
Family Member Name:	Gross Monthly Amount (In Whole Dollars)	Source (indicate by number from lower right)	Income Sources:		
	\$		<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> <ol style="list-style-type: none"> <li>1. Wages</li> <li>2. Social Security</li> <li>3. SSI</li> <li>4. SSA/SSD</li> <li>5. Church</li> <li>6. AFDC/TANF</li> <li>7. General Assistance</li> <li>8. Child Support</li> <li>9. Alimony</li> <li>10. Unemployment</li> </ol> </td> <td style="width: 50%; border: none;"> <ol style="list-style-type: none"> <li>11. Military Pay</li> <li>12. Military Pension</li> <li>13. Own Business</li> <li>14. Family</li> <li>15. Other (specify)</li> </ol> </td> </tr> </table>	<ol style="list-style-type: none"> <li>1. Wages</li> <li>2. Social Security</li> <li>3. SSI</li> <li>4. SSA/SSD</li> <li>5. Church</li> <li>6. AFDC/TANF</li> <li>7. General Assistance</li> <li>8. Child Support</li> <li>9. Alimony</li> <li>10. Unemployment</li> </ol>	<ol style="list-style-type: none"> <li>11. Military Pay</li> <li>12. Military Pension</li> <li>13. Own Business</li> <li>14. Family</li> <li>15. Other (specify)</li> </ol>
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	\$				
	\$				
	\$				
	\$				
	\$				
<b>III. DISABILITY</b>					
If disabled, provide: (1) signed statements from two independent physicians verifying the disability; or (2) proof of SSI, SSA or other disability income; or (3) a letter from Wasatch Mental Health					
Does Head of Household or spouse have a verifiable disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you require wheelchair accessibility?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>IV. PREVIOUS GOVERNMENT HOUSING ASSISTANCE</b>					
Have you ever received any Federal Housing Assistance from any Housing Authority? <input type="checkbox"/> No <input type="checkbox"/> Yes					
If yes, when?		Where?			
Have you ever been terminated or denied Federal Housing Assistance by any Housing Authority? <input type="checkbox"/> No <input type="checkbox"/> Yes					
If yes, when?		Where?			
Do you owe money to any Housing Authority? <input type="checkbox"/> No <input type="checkbox"/> Yes					
If yes, how much?		Which Housing Authority?			
<b>V. CO-APPLICANT INFORMATION, IF APPLICABLE</b>					
Name:					
Date of birth:	SSN:	Phone:			
Current address:					

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City:		State:		ZIP Code:	
Own circle)	Rent (Please	Monthly payment or rent:		How long?	
Previous address:					
City:		State:		ZIP Code:	
Owned circle)	Rented (Please	Monthly payment or rent:		How long?	
<b>VI. APPLICANT EMPLOYMENT INFORMATION</b>					
Current employer:					
Employer address:				How long?	
Phone:		E-mail:		Fax:	
City:		State:		ZIP Code:	
Position:		Hourly Salary (Please circle)		Annual income:	
Previous employer:					
Address:					
Phone:		E-mail:		Fax:	
City:		State:		ZIP Code:	
Position:		Hourly Salary (Please circle)		Annual income:	
<b>VII. CONTACT</b>					
Name of a relative not residing with you:					
Address:				Phone:	
City:		State:		ZIP Code:	
Relationship:					
<b>VIII. CREDIT CARDS</b>					
Name		Account no.	Current balance		Monthly payment
<b>IX. AUTO LOANS</b>					
Auto loans		Account no.	Balance		Monthly payment
<b>X. OTHER LOANS, DEBTS, OR OBLIGATIONS</b>					
Description		Account no.	Amount		
<b>XI. OTHER ASSETS OR SOURCES OF INCOME</b>					
Description			Amount per month or value		
<b>XII. CREDIT SCORE</b>					

**WASATCH COUNTY HOUSING AUTHORITY**  
**APPLICATION FOR ASSISTANCE (UPDATED 8/3/15)**

Please fill out the application in blue or black ink!

I have carefully read the following and sign below:

I have reviewed my attached family composition which is accurate and current. All responses on this application are subject to verification through government (both Federal and State), social services, law enforcement agencies, courts, clergy, physicians & public or private shelters/counseling centers. I understand that it is my responsibility to notify Wasatch County Housing Authority of any changes in my application within 7 working days of the change occurring. I hereby certify that the above information is correct and complete to the best of my knowledge. I understand that Section 1001 of TITLE 18 of the U.S. Code makes it a criminal offense to make willful, false statements or misrepresentations to any Department or Agency of the U.S. Government as to any matter within its jurisdiction.

Signature of applicant

Date

Signature of co-applicant, if for joint account

Date