

# INTERIM APPLICATION

SECTION 8  
 SECTION 23 PROJECT \_\_\_\_\_

NAME FIRST	LAST	MIDDLE INITIAL
MESSAGE PHONE	HOME PHONE	WORK PHONE
MAILING ADDRESS	P.O. Box/Street	
	Town	Zip
STREET ADDRESS	Street	
	Town	Zip

**CHECK REASON FOR CHANGE**

Increase in income  
 Decrease in income  
 Change in type of income  
 Changes in deductible expenses  
 Change in household size  
 Transferring Units  
 Other (Explain) \_\_\_\_\_

**FAMILY COMPOSITION:** List all persons who will be living in the household

NAME	RELATION	ALIEN REGISTRATION # SOC. SEC. NUMBER	SEX	AGE	DATE OF BIRTH	PLACE OF BIRTH	NOTE HERE IF DISABLED, HANDICAPPED, PREGNANT, OR A STUDENT
	head						

**EMPLOYMENT INFORMATION:** List all full and/or part-time employment for all members of the household. (Include self-employment.) Give complete name and address of employer.

FAMILY MEMBER	EMPLOYER NAME AND ADDRESS	RATE/HR	HRS/WK	TIPS	ANNUAL INCOME
<b>TOTAL:</b>					

**OTHER INCOME:** List income from Welfare, Soc Sec., SSL, Pensions, Workers Comp., Unemployment Comp., Babysitting, Child Support, Rental Income Tax Credits, Scholarships, Grants, Work Study, Alimony, etc. INCLUDE CLAIM# OR ID#

FAMILY MEMBER	SOURCE NAME AND ADDRESS	ID#/CLAIM#	AMOUNT	CIRCLE ONE	ANNUAL INCOME
				pr wk, mth, yr	
				pr wk, mth, yr	
<b>TOTAL:</b>					

**ASSETS:** List all bank accounts (savings and checking), stocks, bonds, securities, CD's, credit union shares, IRA or Keogh plans, savings bonds, or any possessions kept for investment purposes, etc. INCLUDE COMPLETE NAMES AND ADDRESSES AND ACCOUNT NUMBERS.

FAMILY MEMBER	NAME AND ADDRESS (BANK, BROKER, C U , ETC.)	ACCOUNT NUMBER	BALANCE/ VALUE	ANNUAL INCOME
<b>TOTAL:</b>				

**REAL ESTATE:** Complete the following information for any real estate (land and/or building) which you currently own.

FAMILY MEMBER	COMPLETE ADDRESS OF REAL ESTATE	APPRAISED VALUE	MORTGAGE BAL	WHO HOLDS THE MORTGAGE:

**DIVESTITURE OF ASSETS:** During the past two (2) years, has any member of the household disposed of, transferred, or otherwise given away any assets for less than what they were worth?

YES \_\_\_\_\_ NO \_\_\_\_\_ IF YOU ANSWERED YES, PLEASE SPECIFY:

DESCRIPTION OF ASSET	CASH VALUE*	AMOUNT RECEIVED	DATE DISPOSED OF
	\$	\$	
	\$	\$	

\*CASH VALUE is the market value of the asset minus reasonable costs incurred in selling or converting an asset to cash. Such reasonable costs include: Penalties for withdrawing funds before maturity, Broker/legal fees for the sale or conversion of assets. Settlement costs for real estate transactions.

**CHILD CARE EXPENSES:** List child care expenses for the care of children age 12 and younger. Only list those expenses that enable you or another household member to work or attend school.

NAME & COMPLETE ADDRESS OF PERSON PROVIDING CARE	AMOUNT/HR	AMOUNT/WEEK	ANNUAL TOTAL
TOTAL:			

**HANDICAPPED/ATTENDANT CARE EXPENSE:** List expenses for care attendants for handicapped or disabled family members which enable a family member (including the handicapped family member) to work.

NAME & COMPLETE ADDRESS OF ATTENDANT	AMOUNT/HR	AMOUNT/WEEK	ANNUAL TOTAL
TOTAL:			

List any auxiliary apparatus which enables a handicapped person to work. Auxiliary apparatus would be items such as wheelchairs, ramps, special equipment for the blind, etc. that would enable the handicapped person to work.

HANDICAPPED PERSON AUXILIARY APPARATUS	NAME & ADDRESS WHERE PURCHASED	COST	ANNUAL TOTAL
TOTAL:			

**MEDICAL EXPENSES:** List below expenses for medical conditions of a continuing nature. These include health insurance, prescriptions, doctors, dentists, eyeglasses, hearing aides, outstanding medical or hospital bills on which you are making regular payments. LIST PRESCRIPTION NUMBERS, COMPLETE NAMES & ADDRESSES OF PHARMACIES, DOCTORS, HOSPITALS, DENTISTS, etc.

FAMILY MEMBER	NAME & ADDRESS (TO WHOM YOU PAY)	PRESCRIPTION NUMBER INSURANCE CLAIM #	AMOUNT	HOW OFTEN	ANNUAL TOTAL
TOTAL:					

**APPLICANT CERTIFICATION:** Please read carefully and sign. Undersigned applications will be rejected.

I/We certify that the information given on household composition, income, net family assets, and allowances, and deductions, as well as all other information provided is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable by federal law with fines up to \$10,000 or imprisonment for up to 5 years. I/We also understand that false statements or information are grounds for termination of housing assistance, termination of tenancy, and /or retroactive rent increases.

SIGNATURE OF HEAD OF HOUSEHOLD \_\_\_\_\_ DATE \_\_\_\_\_ SIGNATURE OF SPOUSE/CO-HEAD OF HOUSEHOLD \_\_\_\_\_ DATE \_\_\_\_\_

**WARNING:** 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 United States as to matters within its jurisdiction.