



# Project-based program

## HCV Program Application

Head of Household's Social Security number

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NOTE: This application will be accepted only if sent to SHA by an authorized housing provider. Approval depends on the applicant's meeting all eligibility and suitability criteria verified as required by SHA. **If a section does not apply to any member of your household, you must write "none." Do not leave any field blank!**

<b>HEAD OF HOUSEHOLD</b>	(Head of Household) Last name		First name	Middle initial	E-mail address
	Street address or P.O. Box		City	State	Zip Code
<b>CONTACT</b>	Home phone number	Cell or other phone number	Primary language spoken at home		Interpreter needed? <input type="checkbox"/> No <input type="checkbox"/> Yes

► **HOUSEHOLD COMPOSITION** List every person who will live with you. (If you need additional space, please attach a separate paper.)

Last,	First	M.I.	Relation to Head	Social Security number	Sex (M/F)	Date of birth	Disabled?		Race (White, Native American, Black, Pacific Islander, Asian, etc.)	Hispanic?	
							Yes	No		Yes	No
			HEAD	(Entered Above)							

► **INCOME** (gross amounts, before deductions) List all money received by each person who will be part of this household. If employed, fill out the Current Employment section as well.

Name	Source or type of income	Monthly amount	Other information (self-employment, training program, etc.)
		\$	
		\$	
		\$	
		\$	

► **CURRENT EMPLOYMENT INFORMATION** (If you need additional space, please attach a separate paper.)

Name of family member	Name of employer	Employer's address	Employer's phone number	Employer's fax number

(For SHA Office Use Only)

Interpreter used? <input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	<input type="checkbox"/> Cancelled	Issuance Supervisor or designee	Date
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► **ASSETS** List all assets held by each person who will be part of this household. (If you need additional space, please attach a separate paper.)

Type of asset (checking, savings, IRA, house, etc.)	Current value	Current interest rate	Name of bank or financial institution	Account number
	\$	%		
	\$	%		

Have you cashed in an asset (such as a CD, for example) in the past 60 days?  No  Yes If yes, how much did you receive? \$

Have you sold an asset/property in the last 2 years?  No  Yes If yes, provide an explanation on a separate piece of paper.

► **STUDENT INFORMATION** List information only for household members who are 18 years old or older. (If you need additional space, please attach a separate paper.)

Name of family member	Name of school	Full time or part time?	List all financial aid received (grants, scholarships, etc.)

► **DEDUCTIONS** (If you need additional space, please attach a separate paper.)

Child care or medical?	Name of provider	Provider's address	Provider's phone number	Amount of expense
				\$
				\$

► **BACKGROUND INFORMATION** (If you need additional space, please attach a separate paper.)

Have you OR has any member of your household **ever** been convicted of a crime (misdemeanors, felonies, etc.)?  No  Yes

If yes, please explain:

Have you or any member of your household **ever** lived in an SHA unit or received a subsidy from the Housing Choice Voucher (Section 8) program?  No  Yes

If yes, who?

If yes, when did you move out?

If yes, where did you live?

List all states you have ever lived in:

► **ACCOMMODATIONS** (Additional forms will be mailed to you if necessary.)

Do you require an accommodation in order to apply for housing, occupy your unit, and/or comply with program criteria?  No  Yes

If yes, please explain:

► **CERTIFICATION** I/we hereby authorize inquiries to be made for the purposes of verifying the information provided hereon. I/we accept full responsibility for keeping SHA informed of my/our current address and understand that this application may be canceled if I/we fail to do so or if I/we fail to complete an interview for the purpose of finalizing my/our application. **By signing, I/we certify that the information given above is true and accurate to the best of my/our knowledge and ability and acknowledge that falsification or deceitful manipulation of any information may result in the denial of my/our application.**

\_\_\_\_\_  
Applicant signature (Head of Household)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse or Co-head signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of other family member (age 18+)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of other family member (age 18+)

\_\_\_\_\_  
Date

