



HOUSING AUTHORITY OF SALT LAKE CITY HOUSING APPLICATION

Housing Authority of Salt Lake City
 1776 S. West Temple
 Salt Lake City Ut. 84115
 Phone (801) 487-2161
 Fax (801) 487-3641
 TDD (801) 487-3391

For Office Use Only	
	REVISED 05-09
Input By:	_____
Bedrooms	_____
Client No:	_____
Date Input:	_____

Section 8 Programs:

Wait List Closed for Section 8 Voucher

- Moderate Rehab. (studio - 2 bdrm)
- Sunrise - Project Based Voucher (studio - 1 bdrm)
- Palmer Court - Project Based Voucher (studio - 1 bdrm)

Special Projects:

Jefferson Circle (2 bdrm)

Public Housing:

Senior (1 bdrm)

Other Special Programs:(by referral only, please specify)_____

PLEASE PRINT - ANSWER ALL QUESTIONS. IF APPLICATION IS NOT COMPLETE, IT WILL BE SENT BACK.

 Name Home Phone

 Current Residence: Street Address with Apt. #, City, State and zip code. Work/Msg. Phone

Mailing Address (if different than above): Street Address with Apt #, C/O, City, State and zip code.

You must keep a current mailing address with us at all times.

Please list any other names you have used (Maiden or Other):

The following information is requested in compliance with HUD regulations:

Check one: Married Single Widow/Widower Divorced Separated

Check one: Hispanic Non-Hispanic

Check one: White African Am Am Indian Asian Pac/Isl other _____

Language Used in Household: _____

Disabilities

Is the Head or Co-Head of household disabled as defined by the Social Security Act? Yes No

If yes who? _____ Do you need a Wheelchair unit only? Yes No

Do you or anyone in your household require a reasonable accommodation?

Yes No If "yes" explain _____

It is not mandatory for you to answer the above question, but it will help us to know your housing needs.

FAMILY COMPOSITION - List all persons, including yourself, who will live in the subsidized unit with you.

Full Name of all Family Members	Social Security Number	Relationship to head	Sex	Date of Birth	Age	Place of Birth (City & State)
		Head of Household				
		Co-head or Spouse				

Do you expect a change in your family size? Yes No Expected change & Date:



TOTAL HOUSEHOLD INCOME:

List all money earned or received by everyone living in your household. This includes money from wages, self-employment, child support, contributions, Social Security, disability payments (SSI), Workman Compensation, Retirement benefits, TANF Welfare, Veterans benefits, rental property income, stock dividends, income from bank accounts, alimony, church welfare and any other sources. (If none please specify)

Household Members	Source of income:	Gross Amount per year	Employment income per hour	Employment hours per week

ASSETS

Do you or any household member own or have an interest in real estate, boat, and/or mobile home Yes No
 Have you sold any real estate in the last two years? Yes No
 Do you own any stocks or bonds? Yes No
 Do you have checking and/or savings accounts Yes No

If "yes" give bank, account number and amounts below:

PREVIOUS GOVERNMENT HOUSING ASSISTANCE AND INFORMATION:

Are you currently or have you ever received a housing subsidy from any Federal Program? Yes No

If "yes" list agency, time and place: Agency: _____ When: _____
Where: _____

Do you currently owe for damages/unpaid rent to any Federally funded housing program? Yes No

If yes, list amount and agency. _____

Have you ever participated in a violent crime? Yes No If "yes" please explain.

Have you ever participated in illegal drug use? Yes No If "yes" please explain.

Please provide the contact information of a friend/relative who can be reached in case of emergency

Name	Address	Phone	Relationship

 I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND MAY BE USED FOR THE PURPOSE OF VERIFICATION. I UNDERSTAND THAT THIS IS NOT A CONTRACT AND DOES NOT BIND EITHER PARTY. I ALSO UNDERSTAND THAT ANY CHANGES OF INCOME OR FAMILY COMPOSITION WILL BE REPORTED TO THE HOUSING AUTHORITY IN WRITING.

Signed: _____
Head of Household

Date: _____

Signed: _____
Co-Head/Other Adult

Date: _____

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.

*The Housing Authority complies with Section 504 of the Rehabilitation Act of 1973 in providing individuals with a disability equal access to the services programs and activities the Housing Authority offers. Upon request the Housing Authority will provide reasonable accommodations to individuals with disabilities.

All persons will be treated fairly and equally without regard to race, color, religion, sex familial status, disability or national origin in compliance with Fair Housing Act.



PROGRAMS TARGETED TO SPECIAL POPULATIONS

The Housing Authority of Salt Lake City has several rental assistance programs that are targeted to specific “special” populations. It is very important to mark ALL that apply to your situation.

[] **Head of House or Co-head disabled.**

[] **Veteran**

[] Family, Elderly or Disabled person that’s a victim of **Domestic Violence** within the past 12 months. (Verifications will be required when your name reaches the top of the waiting list)

[] **Homeless individual with disabilities.** (This is for Project Based Vouchers with case management required)



HOUSING ADVOCACY RELEASE

Please complete ONLY if you want another individual/agency to help you with housing issues.

I, _____, agree to allow _____ to serve as an advocate for me regarding housing issues. I authorize this individual or agency to discuss my personal information with the Housing Authority of Salt Lake City as long as this information pertains to housing matters.

Client Information/Signature:

Housing Advocate:

Applicant Signature

Advocate Name

Applicant Social Security #

Full Address

Date

Telephone Number



**TURN OVER
YOU MUST COMPLETE OTHER SIDE**

AUTHORIZATION OF THE RELEASE OF INFORMATION



Rev 4/16/2007 (lt)

Housing Authority of Salt Lake City

Organization requesting release of Information:

Housing Authority of Salt Lake City
1776 S. West Temple
Salt Lake City, UT 84115

Purpose:

The U.S. Department of Housing and Urban Development (HUD) and the above-named organization may use this authorization and the information obtained with it, to administer and enforce program rules and policies.

Authorization:

I authorize the release of any information (including documentation and other materials) pertinent to eligibility for or participation under any of the following programs:

- Low-Income Rental Public Housing
Section 8 Housing Assistance Payments' Program

I authorize the above-named organization and HUD to obtain information about me or my family that is pertinent to eligibility for or participation in assisted housing programs.

I authorize only HUD, or a Public Housing Agency (PHA) to obtain information on wages, or unemployment compensation from State Employment Securities Agencies.

I understand any Criminal History Record or Police incident report(s) can be released to any adult receiving Housing Assistance who may be directly effected. I hereby release the Housing Authority from any liability that may result from the receipt or use of any Criminal History Record or Police incident report(s).

Information-Covered Inquiries may be made about:

- Child Care Expenses
Credit History
Criminal Activity
Family Composition
Employment, Income, Pensions and Assets
Federal, State, Tribal or Local Benefits
Handicapped Assistance Expenses
Identity and Marital Status
Medical Expenses
Social Security Numbers
Residences and Rental History

Individuals or Organizations That May Release Information:

Any individual or organization including any governmental organization may be asked to release information. For example, information may be requested from:

- Banks and Other Financial Institutions
Courts, Credit Bureaus
Law Enforcement Agencies
Employers, Past and Present
Landlords
Providers of:
Alimony, Child Care
Child Support, Credit
Handicapped Assistance
Medical Care
Pensions/Annuities
Schools and Collages
U.S. Social Security Administration
U.S. Department of Veterans Affairs
Utility companies
Welfare Agencies

Computer Matching Notice and Consent:

I agree that a Public Housing Agency, or HUD may conduct computer matching programs with other governmental agencies including Federal, State, Tribal, or local agencies.

The governmental agencies include:

- U.S. Office of Personnel Management
U.S. Social Security Administration
U.S. Department of Defense
U.S. Postal Service
State Employment Security Agencies
State Welfare and Food Stamp Agencies
Enterprise Income Verification (EIV)

The match will be used to verify information supplied by the family.

By signing below I agree to allow the PHA to discuss income information with any or all household members who act as representative(s) of our family.

Conditions:

I agree that photocopies of this information may be used for the purposes stated above.

If I do not sign this authorization, I also understand that my Housing assistance may be denied or terminated.

Table with 5 columns: Name (Print), Signature, Date, Social Security Number, Date of Birth. Rows for Head of Household, Co-Head/Other Adult, and two Other Adult entries.