HOUSING AUTHORITY OF THE CITY OF HIGGINSVILLE
APPLICATION FOR OCCUPANCY

DATE: _____

FIRST MIDDLE LAST NAME OF APPLICANT: _____

DATE OF BIRTH: _____ RACE: _____ PHONE NUMBER: _____

SOCIAL SECURITY NO: _____ DRIVERS LICENSE: _____

PRESENT ADDRESS: _____

CITY/STATE/ZIP: _____ MONTHLY RENT: _____

OWNER/MANAGER: _____ LENGTH OF RESIDENCE: _____

REASON FOR MOVING: _____

PREVIOUS ADDRESS: _____

HOW LONG: _____

OWNER/MANAGER: _____

MARITAL STATUS: MARRIED _____ SINGLE _____ DIVORCED ____ SEPARTED ____ WIDOWED _____

HEAD: NAME OF EMPLOYER: _____

ADDRESS: _____

SUPERVISOR: _____ HOW LONG EMPLOYED? _____

CO HEAD: NAME OF EMPLOYER: _____

ADDRESS: _____ HOW LONG EMPLOYED? _____

MONTHLY INCOME (HEAD): _____

MONTHLY INCOME (C0): _____

OTHER INCOME: UNEMPLOYMENT _____ PENSION _____ TANF _____

SS _____ SSI _____

MEDICAL EXPENSES **(ELDERLY/DISABLED)** _____

CHILD CARE EXPENSES _____ INTEREST INCOME _____

(PHA USE ONLY)

INCOME: _____

INCOME: _____

INCOME: _____

TOTAL INCOME: _____

DEDUCTIONS: _____

(OVER)

PERSONS WHO WILL OCCUPY APARTMENT (LIST ADULTS AND PEOPLE WITH INCOME FIRST)

	LAST	MIDDLE	FIRST	DATE OF BIRTH	SEX	RELATION	SS#	RACE
1.								
2.								
3.								
4.								
5.								

HAVE YOU EVERY HAD ANY SUITS, JUDGEMENTS OR COLLECTIONS AGAINST YOU?

_____

HAVE YOU EVERY LIVED IN PUBLIC HOUSING? YES _____ NO____
IF YES WHERE? _____

SECTION 8? YES ___ NO ___ IF YES, WHERE? _____

IN CASE OF EMERGENCY NOTIFY:
NAME: _____ RELATIONSHIP: _____
ADDRESS: _____ PHONE: _____

DISABLED, HANDICAPPED DATA:

_____

THIS APPLICATION IS MADE WITH THE UNDERSTADING THAT IT IS TO BE PROCESSED FOR BOTH PAST RENTAL HISTORY, CREDIT HISTORY AND CRIMINAL HISTORY. PLEASE ALLOW 5 TO 10 DAYS TO PROCESS. IF YOU DO NOT HEAR FROM US THEN YOUR NAME WILL BE ADDED TO THE WAITING LIST. THE ABOVE INFORMATION IS TRUE AND CORRECT. I/WE UNDERSTAND THAT PROVIDING FALSE STATEMENTS ON ANY PART OF THIS APPLICATION IS PUNISHABLE UNDER FEDERAL LAW. AND **I WILL NOT BE ELIGIBLE TO REAPPLY FOR A PERIOD OF 3 YEARS THIS ALSO APPLIES IF MY APPLICATION IS REJECTED.** I HAVE NO OBJECTION TO INQUIRIES FOR THE PURPOSE OF VERIFICATION OF THE ABOVE STATEMENTS. INFORMATION WILL BE HELD IN STRICT CONFIDENCE.

_____
SIGNATURE OF APPLICANT

_____
SIGNATURE OF SPOUSE OR FRIEND

INTERVIEWED BY: _____ DATE: _____ TIME: _____