

Baudette Housing and Redevelopment Authority - WestWood
APPLICATION FOR ADMISSION AND RECERTIFICATION

Name: _____		Date: _____	Time: _____
Address: _____		Race: _____	
City/State: _____	Zip: _____	Hispanic: _____	Yes _____ No _____
Phone: Home: _____		Work: _____	

Name of friend or relative to contact if we are unable to reach you: _____
 Phone: _____

FAMILY COMPOSITION: (Please list all household members who live or will live in the unit.
 Indicate if any member is a full time student or foster child.)

Name Last, First, MI	Relation to Head	Sex	Date of Birth	SSN #	Occupation
1		M F			
2		M F			
3		M F			
4		M F			
5		M F			
6		M F	/ /		

INCOME (List all income for household members. Include full and part time employment, employed earnings, welfare, social security, SSI, pensions, disability compensation, interest, child care earnings alimony, child support, annuities, dividends, income from rental property, earned income tax credits, Armed Forces Reserves income, scholarship and/or grants, net income from operation of a business, etc.)

Household Member #	Source of Income	Gross Income
		\$ Per
		\$ Per
		\$ Per
		\$ Per

ASSETS (Check "yes" or "no" on all of the following lines. If "yes", enter the amount of value of the asset, and the current income from the asset.)

	Yes	No	Amt/Value	Int Rate/Div	Bank or Financial Institution
Cash on Hand > \$100					
Checking Accounts					
Cash Mgt Accounts					
Savings Accounts					
Cert of Deposit					

Annuities					
Money Market Funds					
IRA Accounts					
Stocks/Bonds/Mut Funds					
US Savings Bonds					
Contract for Deed					
Real Estate					
Business Assets					
Other:					

Have you disposed of any assets for less than the Fair Market Value in the past 2 Years?

Yes ____ No ____

If yes - date of disposal _____ Amt Rec'd \$ _____

Fair Market Value at time of disposition \$ _____

MEDICAL EXPENSES: (Complete this section only if head of household or spouse is elderly, disabled or handicapped.)

	Yes	No
Do you receive Medicare benefits? Mo. Premium \$ _____		
Do you receive medical assistance through Welfare?		
Do you pay for additional medical insurance? (i.e. Blue Cross, etc.) Mo. Premium \$ _____		
Are all of your medical expenses covered by insurance or outside sources?		
If "no" indicate expenses paid by you:	Yes	No
Prescription Drugs		
Outstanding Bills		
Other:		

	Yes	No
Do you have any expenses for attendant care or special apparatus for a disabled or handicapped household member that is necessary for a household member to be employed? (Do not consider expenses paid to a family member or reimbursed by outside sources.)		
Do you pay for childcare for children 12 years old or younger while a household member is employed or attending school?		

REFERENCES:

Have you or a member of your household lived in any assisted housing? **Yes** ____ **No** ____

If yes, list address: _____

Period of time: _____ to _____

Have you ever committed any fraud in a Federally assisted housing program or been requested to repay money for knowingly misrepresenting information for such housing program? **Yes** ____ **No** ____

If yes, please explain below:

Have you or anyone in your household ever been convicted of any crime
other traffic violations? **Yes** _____ **No** _____

If yes, please explain below:

Have you had utility service in your name at a previous address? **Yes** _____ **No** _____

If yes, list utility company name and your previous address below:

Please list the following information on your last three rental units:

Address of Unit	Owner's Name	Owner's Address
_____	_____	_____
_____	_____	_____
_____	_____	_____

APPLICANT(S)/TENANT(S) STATEMENT

I/We certify that the information given to the International Falls Housing Agency on household composition, income, net family assets, and allowances and deductions is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal law. I/we also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy (lease).

_____ Signature of Head of Household	_____ Date
_____ Signature of Spouse	_____ Date

If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National toll-free hot line at 800-424-8590. ***After verification by this Agency, the information will be submitted to the Dept of Housing & Urban Development on Form HUD-50058 (Tenant Data Summary), a computer generated facsimile of the form or on magnetic tape. See the Federal Privacy Act Statement for more information about its use.

FOR PHA USE: Tenant Selection Preferences:

Date Application Received: _____