



When completing this application the following information must be completed. We have attached this informational cover letter as a guide to better assist you. The 2 bedroom Waiting List is closed. If you are applying for a 2 bedroom the application will not be processed.

Thanks in advance for your cooperation.

Page #1

The following information is very important when completing an Application.

- Applicant's full name
- Current Address
- Phone Number(s)
- Social Security Numbers for everyone in the household
- Birthdates for everyone in the household

Household Composition and Characteristics

Please list everyone who will live in the household's member number, full name, relationship to head, birthdate, age, sex and social security number

Member Number (for example Member 1 would be head of household, Member 2 would be spouse, etc...)

Please answer all questions (1-19) included in this section to the best of your knowledge.

Page #2

Income and Asset information

Please answer all questions (1-16) included in this Section to the best of your knowledge. For yes answers please provide detail.

Page#3

Income

Please provide member number of the person who receives income; please provide which type of income (TANF, SSI, Pension, Child Support, Employment etc...)

Assets

List all Checking and Savings Account information for everyone who will be living in the household.

Please answer questions 1-2 to the best of your knowledge

Page #4

Expenses

List any information regarding expenses spent for childcare or medical equipment

For Elderly Families Only

Answer questions regarding Medicare or any other type of medical insurance used within the household (Elderly Only)

All Families

List names, address and phone number of two relatives or friends that generally know how to contact you in the case of emergency.

Please sign and date the application

Page #5

Authorization for Release of Information

Must be completed with full Social Security #. Please print name, provide social security #, sign name and date.

Selection of a preference is NOT A guarantee of a preference

The Housing Authority of South Bend offers the following preferences. Please check the preferences you wish to be considered for (documentation must be provided in order to receive preference.

- HOMELESS - Only a family that is referred to the HASB by an agency serving the homeless and has case management services via that agency is eligible for this preference. (1point)**
- Elderly/Near Elderly - A family where the Head-of-House is 50+ or over is eligible for this preference. DISABLED - Any family where any member is disabled is eligible for this preference. (1 point)**
- VAWA-Violence Against Women's Act (1 point)**
- WORKING FAMILY - Any local family where the Head-of-House or spouse can document having been continuously employed for over one (1) year at 30+ Hours a week qualifies for this preference (3 points)**
- Local - Any family living in the City of South Bend area is eligible for this preference. (1 points)**
- Disabled- must be receiving SSI/SSDI (2 points)**

Please note: It is the Applicants Responsibility to notify The Housing Authority in writing by completing a update sheet, if any of the following changes occur. Change in mailing address, phone number, Household Composition, Income, etc.

TRS 10/16/15

HOUSING AUTHORITY OF SOUTH BEND

501 Alonzo Watson Drive
South Bend, Indiana 46634-0057
Phone: (574) 235-9346 T.D.D.: (574) 235-9590
Fax: (574) 235-9440

ADMISSION APPLICATION FOR PUBLIC HOUSING PROGRAM

Date: [Redacted] Time: _____

Applicant Name: _____ Application No.: _____

Current Address: _____ Apt. No.: _____

City, State, Zip Code: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Head of Household Work No.: (____) _____ Spouse Work No.: (____) _____

HOUSEHOLD COMPOSITION AND CHARACTERISTICS: List Head of Household and all other members who will live in the unit. Give the relationship of each family member of the Head. (D-daughter, S-son, SP-spouse, N-niece, etc)

Member Number Member's Full Name Relation to Head Birth Date Age Sex Social Sec. No.

Multiple horizontal lines for listing household members.

2. Race of Head of Household: (Check one- used for statistical purposes only):
[] White [] Black [] American-Indian/Alaskan Native [] Asian [] Native Hawaiian/Other

3. Ethnicity of Head of Household (Check one)
[] Hispanic or Latino [] Not Hispanic or Latino

4. Does anyone live with you now that is not listed above? [] Yes [] No

5. Does anyone plan to live with you in the future who is not listed above? [] Yes [] No

Explain if you answered yes to either of the above questions:

*6. Is head of household or spouse a person with disabilities? [] Yes [] No

*7. Please identify any special housing needs your household has:

8. a. How many people are in your unit now? _____

b. How many bedrooms do you have? _____

9. Do you wish to move? [] Yes [] No If yes, why? _____

10. Are you now living in a federally subsidized housing unit? [] Yes [] No

11. Have you ever lived in Public Housing? Yes No
If yes, Where? _____
12. Have you ever participated in the Certificate or Voucher Program? Yes No
13. Have you ever been evicted from Public Housing, Indian Housing, a Section 23, or Section 8 Program? Yes No
14. Have you ever been arrested for illegal use of a controlled substance or activities related to the abuse of alcohol?
 Yes No
15. Have you been convicted or arrested of any criminal activity within the last 3 years? Yes No If yes, Please explain

16. Have you ever been charged or convicted of a Sexual Crime? Yes No If yes when? _____
Are you currently reporting for this crime? _____

17. Name and Address of current landlord: _____
Phone: (_____) _____

18. Your last address: _____
Dates you lived there: From: _____ to: _____

19. Name and Address of previous landlord: _____
Phone: (_____) _____

20. Please list all states in which you or any household member have resided? _____

** The questions are asked only for the purposes of calculating total tenant payment and determining the family's need for an accessible unit.*

INCOME AND ASSET INFORMATION: Please answer each of the following questions. For each "yes", provide details in the charts below.

DOES ANY MEMBER OF YOUR HOUSEHOLD:		
<input type="checkbox"/> Yes <input type="checkbox"/> No	1.	Work full-time, part-time, or seasonally?
<input type="checkbox"/> Yes <input type="checkbox"/> No	2.	Expect to work for any period during the next year?
<input type="checkbox"/> Yes <input type="checkbox"/> No	3.	Work for someone who pays them cash?
<input type="checkbox"/> Yes <input type="checkbox"/> No	4.	Expect a leave of absence from work due to lay-off, medical, maternity, or military leave?
<input type="checkbox"/> Yes <input type="checkbox"/> No	5.	Now receive or expect to receive unemployment benefits?
<input type="checkbox"/> Yes <input type="checkbox"/> No	6.	Now receive or expect to receive child support?
<input type="checkbox"/> Yes <input type="checkbox"/> No	7.	Have any entitlement to receive child support that he/she is not now receiving?
<input type="checkbox"/> Yes <input type="checkbox"/> No	8.	Now receive or expect to receive alimony?
<input type="checkbox"/> Yes <input type="checkbox"/> No	9.	Have an entitlement to receive alimony that is not currently being received?
<input type="checkbox"/> Yes <input type="checkbox"/> No	10.	Now receive or expect to receive public assistance (welfare, food stamps, etc.)?

<input type="checkbox"/> Yes <input type="checkbox"/> No	11.	Now receive or expect to receive Social Security benefits?
<input type="checkbox"/> Yes <input type="checkbox"/> No	12.	Now receive or expect to receive income from a pension or annuity?
<input type="checkbox"/> Yes <input type="checkbox"/> No	13.	Now receive or expect to receive regular contributions from organizations or individuals not living in the unit?
<input type="checkbox"/> Yes <input type="checkbox"/> No	14.	Receive income from assets including interest on checking or savings accounts, interest, and dividends from certificates of deposit, stocks or bonds, or income from rental property?
<input type="checkbox"/> Yes <input type="checkbox"/> No	15.	Own real estate or any assets for which you receive no income (checking account, cash)?
<input type="checkbox"/> Yes <input type="checkbox"/> No	16.	Have you sold or given away real property or other assets (including cash) in the past two years?

MEMBER NO.	SOURCE OF INCOME/TYPE OF INCOME	ANNUAL INCOME
		\$
		\$
		\$
		\$

Low Income: _____

Very Low Income: _____

Does it exceed income limits? Yes No

ASSETS: List all checking and savings accounts (including IRA's, Keogh accounts, and Certificates of Deposit) of all household members.

MEMBER NO.	BANK NAME	TYPE OF ACCOUNT	ACCOUNT NO.	BALANCE
				\$
				\$
				\$

1. List the value of all stocks, bonds, trusts, pensions, or other assets owned by any household member:

2. List the value of any assets disposed of for less than fair market value during the past two years:

EXPENSES

<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have expenses for child care of a child 12 or younger? If yes, provide the name, address, and telephone number of the care provider: What is the weekly cost to you for childcare? \$ _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you pay a care attendant or for any equipment for any household member(s) with disabilities necessary to permit that person or someone in the household to work? If you pay a care attendant, provide the name, address, and telephone number: What is the cost to you for the care attendant and/or equipment? \$ _____

FOR ELDERLY FAMILIES ONLY

<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have Medicare? If yes, what is your monthly premium? \$ _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have any other kind of medical insurance? If yes, please provide the name and address of carrier, policy number, premium amount, and agent's name:
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have outstanding medical bills which you are paying? If yes, list them below: What medical expenses do you expect to incur in the next twelve months? If you use the same pharmacy regularly, please provide the name and address:

ALL FAMILIES: List name, address, and phone numbers of two relatives or friends who generally know how to contact you:

1. _____ 2. _____

APPLICANT CERTIFICATION

I/We certify that information given to the **Housing Authority of South Bend** on household composition, income, net family assets, and allowances and deductions are 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.

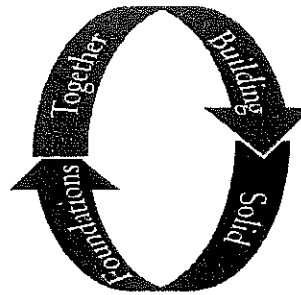
Signature of Head: _____ Date: _____

Signature of Spouse: _____ Date: _____

Signature if you are filing out for someone else _____ Date: _____

HA Representative: _____ Date: _____

NOTE TO APPLICANTS: If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National Toll-Free Hotline at (800) 424-8590.



_____ Date

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

**AUTHORIZATION FOR
RELEASE OF INFORMATION**

I authorize and direct any Federal, State or Local Agency, or organization, Business, or Individual release to the Housing Authority of South Bend, Indiana, any information for materials necessary to complete and verify my Application for participation, and/or to maintain my continued assistance in the Section 8/Public Housing Program(s).

I understand and agree that this Authorization and the information obtained with its use may be gathered and used by the Department of Housing and Urban Development (HUD) in administering and enforcing Program rules and policies.

I agree that a photocopy of this Authorization may be used for the purpose stated above. This Authorization will stay in effect for one year and one month from the date signed.

_____ Applicant's printed name

_____ Social Security Number

_____ Signature of Applicant

_____ Date