



**II. INCOME AVAILABLE TO HOUSEHOLD**

List all income earned or received by everyone living in the household regardless of age. List gross amounts of income (before deductions).

Income Source	Yes	No	Family Member	Source	Amount Per Month	Documentation Needed
Employed						Six (6) Current Check Stubs
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Pension or Retirement						Current Award Benefit Letter
SSI						Current Award Benefit Letter
Social Security						Current Award Benefit Letter
Railroad Retirement						Current Award Benefit Letter
Child Support						Court Order or OAG Print Out
TANF						Current Benefit Letter from DHS
Food Stamps						Current Benefit Letter from DHS
Self Employed						Form will be provided at interview
Unemployment						Benefits Letter
Worker's Comp.						Benefits Letter
Income from Rental and/or other assets						Copy of contract and amount of earnings
Regular contributions or Gifts						Form will be provided at interview
Training						Name, address and phone number of agency providing the training.
Grants/Scholarships						Letter from school
Other						

1. Does anyone outside the household assist you with bills or expenses on a regular basis?  Yes  No  
 If yes, explain: \_\_\_\_\_

2. Has anyone in your household applied for benefits that are in the process of being approved?  Yes  No  
 If yes, explain: \_\_\_\_\_

**III. ASSETS:** Does anyone in the household have assets or receive income from assets

Asset type	Yes	No	Family Member	Source	Amount or Market Value	Documentation Needed
Real Estate Property or Land						Copy of Deed or Tax Statement showing value of property
Stocks						Bank Statement
Savings Account						Bank statement for last 6 months
Checking Account						Bank statement for last 6 months
Insurance Settlement						Benefits letter
Certificate of Deposit						Bank Statement
Trust						Bank Statement
Bonds						Bank Statement
Life Insurance						Copy of policy showing value

1. Have you sold or given away any assets in the last two years?  Yes  No  
 If yes, explain: \_\_\_\_\_

**IV. CHILD CARE AND/OR HANDICAPPED ASSISTANCE EXPENSES**

- Do you pay for childcare for children under the age of 12 or younger or for disabled/handicap member of the household so that you can work or attend school?  Yes  No
- Do you receive assistance from the CCMS Program?  Yes  No ( If yes, Provide the Award Letter)
- Do you pay childcare to a relative or friend?  Yes  No (If yes, A Form will be provided to you during the interview)

**V. MEDICAL EXPENSES (complete only if head of household or spouse is disabled or 62 years of age or older)**

Medical Expense	Yes	No	Family Member	Source	Amount	Documentation needed
Medical Insurance						Statement and/or cancelled checks for past year
Doctor's Visits						Doctor's Bills showing how much you have paid for the last year
Prescription Medicine						Statement for the last year from the Pharmacy
Other						
Other						

**VI. CRIMINAL HISTORY**

1. Has any household member (regardless of age) been arrested, charged, or convicted for any of the following. A criminal history check will be run on all household members over age 17; through the local police department, state and NCIC

Violation/Crime	Yes	No	Family Member	Give details
Violent criminal activity				
Alcohol related activity				
Manufacture of met-amphetamines				
Possession, sale or distribution of illegal drugs				
Required to register as sex offender				
Has participated in drug re-hab in the last 12 months				
Other convictions				

1. Are you a victim of domestic violence? [ ] yes [ ] no (If yes, form will be provided by SBHA)

**VII: HOUSEHOLD EXPENSES:** (List those expenses that the household experience during the month; if it does not pertain to you please do not leave blank put N/A)

Expense Type	Amount Per Month	Who Pays for this	How much do you spend on the following:	Amount per Month	Who pays for this
Rent			Groceries in Cash		
Light Acct No.			Take out food		
Gas Acct No.			Paper products, trash bags, plates, etc.		
Water Acct No.			Grooming products such as shampoo, tooth paste, etc.		
Vehicle Payment			Cleaning Products		
Vehicle Insurance			Gas for vehicle		
Cable			Clothing, shoes, etc.		
Phone (Home)			Movies		
Phone (Cell) and/or Pager			Internet Services		
Child Care			Jewelry		
Furniture Store			Entertainment (such as liquor, beer, wine, etc.)		
Loans (List all of them)			Household Items: Such as furniture, curtains, towels, etc.		
Credit Card (List all of them)			Vehicle Maintenance (oil changes, tires, etc.,)		
Other			Doctor's Visits and Prescription Medication		
Other			Other		

All information provided on this application and at the interview is subject to verification. All family members age 18 or over should review the information on this form, the Federal Privacy Act, and all required releases which MUST be signed in order to be considered for housing.

**By signing below, I do hereby swear and attest that all information on this application is true and correct. By my signature, I grant permission for the Housing Authority to verify information necessary to determine my eligibility and suitability for housing. I further understand that false information or statements are grounds for denial of this application.**

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Spouse of Head of Household or Other Adult

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Spouse of Head of Household or 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.**

The San Benito Housing Authority is committed to compliance with Equal Housing Opportunity, the Fair Housing Act and the American with Disabilities Act. Reasonable accommodations and equal access to communications will be provided upon request.

