**501 Alonzo Watson Drive**

**South Bend, Indiana 46601**

**Phone: (574) 235-9346 T.D.D.: (574) 235-9590**

**Fax: (574) 544-5146**

**When completing this application, the following information must be completed. We have attached this informational cover sheet as a guide to better assist you. We are accepting applications for all bedroom sizes.**

**Thanks in advance for your cooperation.**

**Page #l**

**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. (1 point)**
* **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)**
* **VA WA-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 quality 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 SSJ/SSDI (2 point)**

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

**501 Alonzo Watson Drive**

**South Bend, Indiana 46601**

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**ADMISSION APPLICATION FOR PUBLIC HOUSING PROGRAM**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 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 No. Member’s Full Name Relation to Head Birthdate Age Sex Social Security No**.

**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Page 1 of 6**

**6. Is head of household or spouse a person with disabilities?  YES  NO**

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

**8. How many people are in your unit now? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**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**

**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? If yes when?  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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_**

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

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Page 2 of 6**

**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:**

|  |  |  |
| --- | --- | --- |
| * **Yes**
* **No**
 | **1.** | **Work full-time, part-time, or seasonally?** |
| * **Yes**
* **No**
 | **2.** | **Expect to work for any period during the next year?** |
| * **Yes**
* **No**
 | **3.** | **Work for someone who pays them cash?** |
| * **Yes**
* **No**
 | **4.** | **Expect a leave of absence from work due to lay-off; medical, maternity, or military leave?** |
| * **Yes**
* **No**
 | **5.** | **Now receive or expect to receive unemployment benefits?** |
| * **Yes**
* **No**
 | **6.** | **Now receive or expect to receive child support?** |
| * **Yes**
* **No**
 | **7.** | **Have any entitlement to receive child support that he/she is not now receiving?** |
| * **Yes**
* **No**
 | **8.** | **Now receive or expect to receive alimony?** |
| * **Yes**
* **No**
 | **9.** | **Have an entitlement to receive alimony that is not currently being received?** |
| * **Yes**
* **No**
 | **10.** | **Now receive or expect to receive public assistance (welfare, food stamps, etc.)?** |
| * **Yes**
* **No**
 | **11.** | **Now receive or expect to receive Social Security benefits?** |
| * **Yes**
* **No**
 | **12.** | **Now receive or expect to receive income from a pension or annuity?** |
| * **Yes**
* **No**
 | **13.** | **Now receive or expect to receive regular contributions from organizations or individuals not living in the unit?** |
| * **Yes**
* **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?** |
| * **Yes**
* **No**
 | **15.** | **Own real estate or any assets for which you receive no income (checking account, cash)?** |
| * **Yes**
* **No**
 | **16.** | **Have you sold or given away real property or other assets (including cash) in the past two years?** |

**Page 3 of 6**

|  |  |  |
| --- | --- | --- |
| **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.** | **ANNUAL INCOME** |
|  |  |  |  | **$** |
|  |  |  |  | **$** |
|  |  |  |  | **$** |
|  |  |  |  | **$** |

**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 deposed of for less than fair market value during the past two years: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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***EXPENSES***

|  |  |
| --- | --- |
| * **Yes**
* **No**
 | **Do you have expenses for childcare 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? $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| * **YES**
* **NO**
 | **Do you pay a care attendant or for any equipment for any household member(s) with disabilities necessary to permit that person or someone in the household to work?****If you pay a care attendant, provide the name, address, and telephone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****What is the cost to you for the care attendant and/or equipment?****$ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

***FOR ELDERLY FAMILIES ONLY***

|  |  |
| --- | --- |
| * **YES**
* **NO**
 | **Do you have Medicare? If yes, what is your monthly premium?****$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| * **YES**
* **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| * **YES**
* **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:** |

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

1. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*APPLICANT CERTIFICATION*

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: \_\_\_\_\_\_\_\_\_\_ 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.**

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**HOUSING AUTHORITY OF SOUTH BEND (HASB) PREFERENCE CHECKLIST**

The HASB has six (6) preferences are listed below. At the time of application to the Public Housing Waiting List. If the applicant wishes to be considered for a preference, they should check the box of the preference for which they wish to consider.

**SELECTION OF A PREFERENCE IS *NOT* A GUARANTEE OF A PREFERENCE**

When the Public Housing Intake Specialist sees that an applicant has selected a preference, the Specialist will then attempt to verify that the applicant meets the criteria for that preference. Ony ***AFTER*** the applicant is verified to be eligible for the preference will the preference be considered.

**PLEASE CHECK THE PREFERENCES YOU WISH TO BE CONSIDERED FOR:**

HOMELESS- Only 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

ELDERLY NEAR ELDERLY- A family where the Head of House is 50+ can be eligible for this preference.

DISABLED- Any family where any member is disabled is eligible for this preference

DISASTER DISPLACED- Any family that has been displaced by a Presidentially declared disaster is eligible for this preference.

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.

LOCAL**-** Any family living in the City of South Bend over is eligible for this preference