



IRON COUNTY HOUSING COMMISSION APPLICATION FOR HOUSING SERVICES

APPLICANT INFORMATION - PLEASE PRINT IN INK

Name (First, Middle, Last)		Date of Birth	Phone Number
Current Address	City	State	Zip
New Address: Office Use Only	City	State	Zip
Name of person and phone number where you can be reached.		Relationship	Leave a message? Yes No

PROVIDE ALL INFORMATION REQUESTED & ANSWER ALL QUESTIONS BELOW

List yourself first and all other persons who will be living in your home. Include persons who are temporarily absent from your home due to military service, education or hospitalization.					Race of Head of Household: A=Asian B=Black H=Hispanic N=Native American P=Hawaiian or Pacific Islander W=White O=Other		
	NAME - List applicant first (Last, First, Middle)	Relationship to you	Date of Birth Mo/Day/Year	Social Security Number	U.S. Citizen Y or N	Sex M or F	Marital Status M=Married N=Never married D=Divorced W=Widowed S=Separated
1		Self					
2							
3							
4							
5							
6							
7							
8							

Is any person :	Yes	No	If yes, who?	Who?	Who?	Who?
Attending school						
			Name of School:			
			Address:			
			City, State:			
			Telephone #:			
Is any person :	Yes	No	If yes, who?	Who?	Who?	Who?
Disabled, blind or unable to work						
Pregnant				Due Date:		Due Date:
Has any person been convicted of a crime other than a traffic violation?			Who: When:	Who: When:	Who: When:	Who: When:

If a disabled person listed above is working, please answer the following:		Yes	No
Has this person been unemployed for one year or longer prior to becoming employed?			
Is this person participating in any type of economic self-sufficiency program?			
Has this person received TANF (welfare) benefits in the past six months, including one time payments?			

EARNED INCOME: (Answer all Questions) Include persons who are self-employed

Name of person with earnings:	Start Date	Will employment continue? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer Name & Address	Monthly pay before taxes	Monthly pay after taxes	
Average # of hours/week	How often paid? <input type="checkbox"/> Weekly <input type="checkbox"/> Twice a month <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> Other	Day of week paid	Last pay date
Rate of Pay \$ _____ Hourly \$ _____ Salary \$ _____ Other	Tips/bonus rec'd <input type="checkbox"/> Yes <input type="checkbox"/> No	Avg tips per week	

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Rate of Pay \$ _____ Hourly \$ _____ Salary \$ _____ Other	Tips/bonus rec'd <input type="checkbox"/> Yes <input type="checkbox"/> No	Avg tips per week	

OTHER INCOME:

Does anyone receive money from:	Yes	No	If yes, who receives?	Monthly Amount	Claim #	If yes, who receives?	Monthly Amount	Claim #
Social Security Benefits (RSDI)								
Supplemental Security Income (SSI)					State Qtrly \$			State Qtrly \$
Veterans' Benefits								
How often paid? W = weekly M=Monthly T=Twice a month E=Every other week O=Other (please state):					How often paid		How often paid	
Workers Compensation								
Other Disability Benefits								
Child Support								
Unemployment benefits								
Retirement Benefits								
Military Allotments								
FIA Benefits - Indicate monthly amount			Who	Amt	Type	Who	Amt	Type
			Who	Amt	Type	Who	Amt	Type
Do you receive any other money? Please specify.								

ASSETS: Complete this section by providing requested information, including assets held jointly.

Does any person have any of the following:	Yes	No	Name(s) on the account	Name & address of bank or other financial institution	Account Number	Balance
Checking/Draft account						
Money Market Accounts						
Savings/Share Accounts						
Certificates of Deposits (CD)						
Christmas Club Accounts						
Other, please list						

Does any person have any of the following:	Yes	No	If yes, give amount/value	Owner(s)	If yes, give amount/value	Owner(s)
Cash on hand or in a safe deposit box						
Real Estate, including income producing property						
Mortgage, land contract or other notes payable to a household member						
Savings Bonds, Stocks or Mutual Funds						
IRA, KEOGH, 401K or Deferred Compensation Account(s)						
Trust Funds						
Life Insurance or Annuity						
Prepaid Funeral Agreements						
Has any person sold/given away property, land, stocks, bonds, cash, etc, closed any accounts, removed or added a name to an account within the last 24 months?			If yes, describe:			

VEHICLE INFORMATION: List all vehicles owned or titled in the name of any person living in the home. Include cars, watercrafts, snowmobiles, motorcycles, quads, mobile homes, etc.

Name of vehicle owner(s) as shown on vehicle title or registration	Type of vehicle	Year	Color/Make/Model	License Plate #

DAY CARE EXPENSE - Please complete the following if you have a day care expense

Name of Child needing care	Reason care is needed	Age	Cost of Care	How often paid	Do you receive help paying for care (circle for each child)		If yes, name of source providing the help & amount
					Yes	No	
							\$
							\$
							\$
							\$
							\$
							\$

Name and Address of Person(s) providing care:

1) _____

2) _____

MEDICAL EXPENSES for Households whose head or spouse is Disabled or Elderly (over 62)

Has anyone paid out-of-pocket (not reimbursed) for the following medical expenses?	Yes	No	If yes, who? Any household member	How often paid?	Amount?	Do you expect this expense to continue? (circle response)	
						Yes	No
Doctor Visits						Yes	No
Prescriptions or Over-the-counter meds						Yes	No
Vision Care						Yes	No
Dental						Yes	No
Medicare Premiums						Yes	No
Supplemental Health Ins						Yes	No
Transportation to a Health Care Provider						Yes	No
Unpaid Old Medical Bills						Yes	No
Other Medical Expenses - Please list expense and complete the questions:	Yes	No	If yes, who? Any household member	How often paid?	Amount?	Do you expect this expense to continue? (circle response)	
						Yes	No
						Yes	No
						Yes	No
						Yes	No

Please provide the name & address of all medical providers to the Iron County Housing Comm.

ABSENT PARENT INFORMATION: Complete for each child who has a parent not in the home

Name of Child	Name of Absent Parent	Address of Absent Parent	Amount of Court Ordered Support	Amount of support being paid (include cash payments)	How often

Do you receive a child support participation payment from FIA? Yes No If yes, amount. \$ /month

SIGNATURE CERTIFICATION:

All adults in the home must sign this application. By signing, you are attesting that all information is true and correct, and that you understand all changes must be reported to the Iron County Housing Commission in writing within TEN calendar days, including changes in income and household composition. Please sign at interview.

Signature of Head of Household _____ Date _____

Signature of Spouse _____ Date _____

Signature of Other Adult _____ Date _____

Signature of ICHC Employee as witness _____ Date _____

NOTES: For office use only
