## Allen Metropolitan Housing Authority Public Housing Program Participant Application

Interim – Why? _			Sch	eduled	Correction		
	PLEASE BR	NG COMPLETED FOR	M WITH YOU TO Y	OUR APP	OINTMENT		
Applicant's Name:			S.S.N	S.S.N.:			
Address:			Phor	Phone#:			
Email:							
	oosition (List the he unit in the next t		d all other family r	nembers	presently living in the	unit or who	
<u>Name</u>		Relationship	Birthday	Scl	nool/College Name		
	usehold or their spo	ouse disabled? If so, when v					
Income Informat	<b>ion:</b> Circle ALL sour	ces of income you exp	pect to receive for	r each fan	nily member.		
Employment	Unemployment	Self-Employed P	ension Regulai	r Gift \$	Veteran \$		
Social Security	SSI SSD ADC	Lump Sum Payme	ent Child Su	pport	Worker's Comp.		
Other:							
	Receiving Income_		s of Sources of In	icome	Amount Received		

## Name of Bank and/or Savings Institution: \_\_\_\_\_ Circle sources of assets: Checking Stocks/Bonds Savings CD IRA/KEOGH \* <u>Child Care Information:</u> Do you pay for childcare while you work or attend school? \_\_\_\_\_ If yes, how much? \_\_\_\_\_\_ Per \_\_\_\_\_hour/day/week/month Provider's Name and Address: \_\_\_\_\_\_ IF YOU ARE ELDERLY, HANDICAPPED OR DISABLED, PLEASE CIRCLE ALL MEDICAL EXPENSES THAT YOU MUST PAY FOR. Medicare Spend-downs Health Insurance Doctor Dentist Eye Care **Prescriptions** Name of Doctor/Dentist/Eye Care Provider: Name of Pharmacy: Attach all over the counter item receipts to this application. I/We certify that the information given to the Allen Metropolitan Housing Authority for household composition, income, net family assets and allowances/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. All household members 18 years of age and older must sign below. **Head of Household** Date Spouse/Friend/Co-Head Date Child/ Other person over 18 years Date

Date

**Asset Information:** 

**Housing Authority Representative**