



AFFORDABLE TRANSITIONAL HOUSING APPLICATION

Part 1: Head of Household

Applicant

First Name:
Last Name:
Social Security Number:
Date of Birth Mth ____ Day ____ Yr ____
Sex **Male** **Female**
Telephone Number:
Other Phone/E-mail:
Additional Phone

Ethnicity (Check one Box)

Hispanic
 Not Hispanic
Race (Check all that apply)
 White
 Black/African American
 American Indian/Alaska Native
 Asian
 Native Hawaiian/Other Pacific Islander

Do you qualify for a reasonable accomodation due to a disability?

Yes No

Racial and ethnic data for statistical purposes only.

Part 2: Household Information

Legal Address

(Where you currently live)

Address Line 1:
Address Line 2:
City:
State:
Zip Code:

Mailing Address

(If different from your legal address, please provide your mailing address)

Address Line 1:
Address Line 2:
City:
State:
Zip Code:

Note: If your legal or mailing address changes, you must notify the Housing Authority in writing to maintain your waiting list status.

Your response to the following statement will help determine your eligibility for rental assistance and if you are entitled to a preference when placed on the program's waiting list. Select the appropriate responses for each question below.

Regarding Handicapped: We are not handicapped equipped.

NOTE: If you are not employed, you must be receiving section 8

- Yes ___ No ___ I the Head of Household, co-head or spouse a person with disabilities? *
- Yes ___ No ___ Has the head of household, co-head or spouse been employed for at least 3 months, working an average of 30 hours per month? *
- Yes ___ No ___ Is the head of household, co-head or spouse actively engaged in or has recently completely (within the last 12 months) an employment, education or training program?*
- Yes ___ No ___ Has anyone in your household been diagnosed by a medical professional with a terminal illness with life expectancy of 12 months or less? *
- Yes ___ No ___ **INFORMATION ONLY:** Do you have an E-mail address? If yes, please provide it in the box below. *
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- Yes ___ No ___ **INFORMATION ONLY:** To better serve you: Do you require an interpreter? If yes, please provide the language you need interpreted. If not, what is the primary language spoken in your home? *
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Part 5: Supplemental and Optional Contact Information

You have the right to include as part of your application contact information for a person or organization that may be able to help you resolve any issues that may arise during your tenancy or to assist in providing any special care or services you may require should you become a tenant. You are not required to provide this contact information, but if you choose to do so, please click the "Add Contact" button below to complete the form.

*

Contact - Name (i.e., business or individual)	Contact Phone

___ Check this line if you choose not to provide the contact information.

Part 6: U.S. Citizenship Notification and Certification

PLEASE READ THIS AUTHORIZATION CAREFULLY: By submitting this application for Section 8 voucher assistance I authorize Perspectives 4 Life, Inc to verify all information I supplied within the application. I also authorize Perspectives 4 Life, Inc. to determine the eligibility of my household for housing assistance by examining criminal background records and citizenship status. In addition, I authorize Perspectives 4 Life, Inc to run my Credit Report. I understand that providing false information is grounds for denial of housing assistance.

By signing and submitting this form, I certify that the information on this form is true and complete to the best of my knowledge and belief. I understand that I can be fined up to \$10,000 or imprisoned up to five years if I furnish false or incomplete information.

Applicant Signature:

_____ Applicant Signature

_____ Date