

PRELIMINARY APPLICATION

PLEASE COMPLETE THIS FORM AND RETURN TO:

COMMUNITY ACTION PROGRAM
 P.O. Box 188
 Covington, IN 47932
 Attention: Section 8

Office Use Only		Unit	Preference
Received/ Revised	Size	T P1 P2 P3 P4 P5 P6 P7	
_____	_____	T P1 P2 P3 P4 P5 P6 P7	
_____	_____	T P1 P2 P3 P4 P5 P6 P7	
_____	_____	T P1 P2 P3 P4 P5 P6 P7	

County of Preference (check only one)

_____ Benton _____ Warren
 _____ Fountain _____ Vermillion

Legal address if different from mailing address

Note: If your legal or mailing address changes, you must notify this office to maintain your waiting list status.

IMPORTANT-READ

Evidence of legal address claimed at time of application must accompany this form when returned. Acceptable evidence includes copy of driver's license or other official document listing head of household, spouse or co-head at claimed legal address. Preliminary Applications returned without evidence of legal address cannot be accepted.

Part 1: Head of Household

Social Security Number	_____	Ethnicity (Check One Box)	<input type="checkbox"/> Hispanic/Latino
Date of Birth	____/____/____		<input type="checkbox"/> Not Hispanic/Latino
Sex	<input type="checkbox"/> Female <input type="checkbox"/> Male	OR	
Home Telephone	____-____-____	Race (Check All That Apply)	<input type="checkbox"/> White
Other Telephone	____-____-____		<input type="checkbox"/> Black/African American
Other Telephone Type	<input type="checkbox"/> Work <input type="checkbox"/> Other Specify: _____		<input type="checkbox"/> American Indian/ Alaska Native
E-mail Address	_____		<input type="checkbox"/> Asian
			<input type="checkbox"/> Native Hawaiian/Other Pacific Islander
<input type="checkbox"/> I would like to receive correspondence via e-mail.			<small>Racial and ethnic data for statistical purposes only.</small>
Do you qualify for a reasonable accommodation due to a disability?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Part 2: Household Information

List information for adults first, then children under age 18. Use "F" or "M" to indicate sex. If a household member qualifies for a reasonable accommodation due to a disability select "Y", if not, select "N." List relationship of each person to the Head of Household. Attach additional sheet if family has more than ten members.

First Name	MI	Last Name	Social Security #	Date of Birth	Sex	Disabled	Relationship
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____

Please Continue to Part 3

PRELIMINARY APPLICATION

Part 3: Family Income and Assets

List total gross income (before taxes) and payments received by each family member age 18 and older for wages, military pay, pensions, social security, SSI, welfare, child support, unemployment, business, profession or any other source. Include payments made to family members 18 or older on behalf of other family members under age 18.

<u>First Name</u>	<u>Gross Income</u>	<u>How Often</u>	<u>If Income is from Wages</u> <u>List Address of Employer</u>
_____	\$ _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	_____
_____	\$ _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	_____
_____	\$ _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	_____
_____	\$ _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	_____
_____	\$ _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	_____

List total cash value and total income received for assets owned by all family members.

<u>Type of Asset</u>	<u>Cash Value of Asset</u>	<u>Income Received from Asset</u>
Checking Accounts	\$ _____	\$ _____
Savings Accounts	\$ _____	\$ _____
Stocks, Bonds, CDs, Investment	\$ _____	\$ _____
Real Estate	\$ _____	\$ _____
Other	\$ _____	\$ _____

Part 4: Eligibility and Preferences

Your response to the following statements 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 each item that applies to your current status.

Are you a former participant terminated due to insufficient funding? Y__ N__

Were you referred through Money Follows the Person Program? Y__ N__

Are you a legal resident or do you work in the State of Indiana? Y__ N__

Are you currently homeless OR at risk of homelessness due to domestic violence? Y__ N__

Are you, spouse, or cohead employed or in an educational or training program at least 20 hrs per week? Y__ N__ Yes

Are you 62 or older? OR Are you, your spouse, or cohead under the age of 61 and disabled? Y__ N__

Are you (or are you at risk of) living in a nursing facility, long-term rehabilitation center, or hospital? Y__ N__

Does a member of the family meet HUD's definition of being disabled? Y__ N__

Part 5: U.S. Citizenship Notification and Certification

Housing may be contingent upon the submission and verification of evidence of citizenship or eligible immigration status prior to the time housing is made available. Based on the evidence submitted at that time, assistance may be prorated, denied or terminated following appeals and informal hearing processes.

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.

X _____

_____ Date

Privacy Act Notice: For your protection, the data collected on this form will only be released in accordance with the Privacy Act of 1974.