

Date: \_\_\_\_\_

Name:

\_\_\_\_\_

Address:

\_\_\_\_\_

\_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

(Cell) \_\_\_\_\_

Gender: \_\_\_M \_\_\_F Date of Birth: \_\_\_\_\_

Marital Status: \_\_\_\_\_

**Primary Race:**

American Indian/Alaska Native: \_\_\_\_\_

Native Hawaiian/Pacific Islander: \_\_\_\_\_

Asian: \_\_\_\_\_

Black/African American: \_\_\_\_\_

White: \_\_\_\_\_ Other: \_\_\_\_\_

Multi-racial: \_\_\_\_\_

**Ethnicity:**

Hispanic Latino \_\_\_\_\_

Non Hispanic Latino \_\_\_\_\_

**Head of Household**

Single Adult \_\_\_\_\_ Female Single Parent \_\_\_\_\_ Male Single Parent \_\_\_\_\_

Married w/o dependents \_\_\_\_\_ Married w/ dependents \_\_\_\_\_ 2 or more unrelated adults \_\_\_\_\_

Other \_\_\_\_\_

How did you hear about the Housing Advocates?

\_\_\_\_\_

**INCOME**

1. Are you employed? \_\_\_Y \_\_\_N

2. If yes, please list employer(s) and date of employment.

\_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Employer: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

3. What is your monthly or annual gross income? \$ \_\_\_\_\_/Month  
\$ \_\_\_\_\_/Annual

4. Please identify any other sources and amounts of income.

\_\_\_\_\_

5. Has your income changed within the past year? \_\_\_ Y \_\_\_ N

How? \_\_\_\_\_

6. Was your income correctly stated on your rental application? \_\_\_ Y \_\_\_ N

7. Including yourself and spouse (if applicable), how many dependants do you support?

\_\_\_\_\_

2007 HUD AMI

<b>Number of Persons in Household</b>	<b>Extremely Low Income (30%)</b>	<b>Very Low Income (50%)</b>	<b>Low Income (80%)</b>
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(Circle one)	(Circle One)		
1	12,900 or less	21,500 or less	34,350 or less
2	14,700 or less	24,550 or less	39,300 or less
3	16,550 or less	27,650 or less	44,200 or less
4	18,400 or less	30,700 or less	49,100 or less
5	19,850 or less	33,150 or less	53,050 or less
6	21,350 or less	35,600 or less	56,950 or less
7	22,800 or less	38,050 or less	60,900 or less
8+	24,300 or less	40,500 or less	64,800 or less

How many people are living in the household? \_\_\_\_\_

**ASSISTANCE**

1. Have you sought assistance from any other agencies? \_\_\_Y \_\_\_N

If yes, who? \_\_\_\_\_

2. Have you applied for emergency assistance with any other organizations in the past 2 years? (i.e. HEAP, churches, etc).? \_\_\_Y \_\_\_N

If yes, who? \_\_\_\_\_

Have they provided you with funds or placed you on a program? \_\_\_Y \_\_\_N

If yes, how much have you received? \$\_\_\_\_\_

What was the assistance for (i.e. utilities, mortgage, rent, taxes, etc)?

\_\_\_\_\_

3. Are you a POA for the individual(s) applying for assistance? \_\_\_Y \_\_\_N

If yes, what kind of Power of Attorney (durable, limited, medical, etc)?

\_\_\_\_\_

If no, do you have a POA? \_\_\_Y \_\_\_N

Name: \_\_\_\_\_

*If applying for Utility assistance, please complete the following section.*

**UTILITIES**

1. Are you on a plan for any of your utilities (i.e. HEAP, PIPP, etc)? \_\_\_Y \_\_\_N

If yes, which plan(s) are you on and for which utilities?

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2. Have you applied or attempted to get on a plan for your utilities? \_\_\_Y \_\_\_N

3. How far behind are you on your utility payments?

Gas \_\_\_\_\_ Electric \_\_\_\_\_ Water \_\_\_\_\_ Sewer \_\_\_\_\_

4. Do you have any shut off notices for any of your utilities? \_\_\_Y \_\_\_N

If yes, which utilities and what are the shut off dates?

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Additional comments

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*If applying for rental assistance, please complete the following section.*

**RENT**

Landlord's Name \_\_\_\_\_

Phone \_\_\_\_\_

Building/Company Name \_\_\_\_\_

Is the rental location:

- ? Single Family Home
- ? Two Family Home
- ? Apartment Complex
- ? Other \_\_\_\_\_

1. How long have you lived at the above residence? \_\_\_\_\_

2. Will funds be used for a security deposit? \_\_\_Y \_\_\_N

If yes, how much is the security deposit? \$\_\_\_\_\_

3. What is your monthly rent? \_\_\_\_\_ Does it include utilities? \_\_\_Y \_\_\_N

4. Date of your last rental payment \_\_\_/\_\_\_/\_\_\_ Amount \$\_\_\_\_\_

5. Have you received an eviction notice? \_\_\_Y \_\_\_N

If yes, when was the notice received? \_\_\_\_\_ What is the date of eviction? \_\_\_\_\_

6. Have you contacted any other organizations to assist you with your situation?  
\_\_\_Y \_\_\_N

If yes, who? \_\_\_\_\_

7. Are you seeking another apartment? \_\_\_Y \_\_\_N

Additional comments

\_\_\_\_\_  
\_\_\_\_\_

Signature of Client: \_\_\_\_\_

Date \_\_\_/\_\_\_/\_\_\_

Signature of POA: \_\_\_\_\_

Date \_\_\_/\_\_\_/\_\_\_