

# Charleston Housing

(7/02/02)

304-348-6451

1525 Washington St. W  
Charleston, WV 25387-2332

P.O. Box 86  
Charleston, WV 25321

A. Household information: List all persons who will live in the rental unit while you are on this program. Including social security numbers for each.

NAME: LAST, FIRST, MI	RELATIONSHIP	BIRTHDATE	AGE	BIRTHPLACE	SOC. SEC. NO.
1.	Head of Household				
2.					
3.					
4.					
5.					
6.					
7.					
8.					

9. Is any family member expecting a baby? \_\_\_\_\_ Who? \_\_\_\_\_ When? \_\_\_\_\_

B. Current Address:

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone: \_\_\_\_\_

C. List Two Friends or Relatives who could reach you in case of emergency.

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

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

D. Landlord Information

1. Current Landlord you are renting from now: \_\_\_\_\_ Beginning date of residency \_\_\_\_\_
2. Current Rent you are paying per month \$ \_\_\_\_\_ Landlord Phone No. \_\_\_\_\_
3. Who pays the utilities? \_\_\_\_\_ If you are paying the utilities, which ones do you pay? \_\_\_\_\_
4. Who owns the Range and Refrigerator? \_\_\_\_\_
5. Name of previous Landlord \_\_\_\_\_
6. Previous rent per month \$ \_\_\_\_\_ Landlord Phone No. \_\_\_\_\_
7. Residency dates from \_\_\_\_\_ to: \_\_\_\_\_
8. Previous address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

E. INCOME: You must list ALL income received by each member of your household.

HOUSEHOLD MEMBER	SOURCE OF INCOME	ADDRESS OF SOURCE OF INCOME	MONTHLY GROSS INCOME
1.			
2.			
3.			
4.			
5.			

6. Do you expect any change in the income listed above? \_\_\_\_\_ If yes, please explain \_\_\_\_\_

7. Do you have any assets? (Stock, bonds, certificates of deposit, etc) \_\_\_\_\_ If yes, please explain \_\_\_\_\_

8. Do you own now, or have you owned in the last two years, land, mobile home, or a house? \_\_\_\_\_ If yes, please explain \_\_\_\_\_
9. Do you have a checking/savings account? \_\_\_\_\_ If yes, list bank(s) name, your account number(s) and current balance(s).  
 \_\_\_\_\_ Acct. #(s) \_\_\_\_\_ \$ \_\_\_\_\_
10. Does anyone outside your household pay for any of your bills or give you money? \_\_\_\_\_  
 If so, give name and address \_\_\_\_\_  
 Give reason: \_\_\_\_\_

F. If you work or attend school, do you pay for child care? \_\_\_\_\_ If yes, complete the next line.

Care Provider's Name	Mailing Address	Amount Paid	How Often
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G. Do you or any family member have special housing needs due to a handicap/disability?  Yes  No

If yes, please explain the type of accommodations needed: \_\_\_\_\_

H. Medical Information (**Needed to determine medical allowances for disabled/elderly households**)

1. Are you making any payments on any outstanding medical bills? \_\_\_\_\_ If yes, complete the next line.

Physician or medical facility you owe	Mailing Address	Amount Due	Monthly Payment
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2. Do you or your spouse take any prescription drugs on a regular basis? \_\_\_\_\_ If yes, complete the next line.

Family Member	Pharmacy	Mailing Address of Pharmacy	Cost of Drugs/Month
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3. Do you pay for health insurance? \_\_\_\_\_ If yes, list name of company, agent, company address, cost of premium per month \_\_\_\_\_

- I. 1. Have you received or are you currently receiving housing assistance?  Yes  No  
 If yes, where? \_\_\_\_\_
2. Do you owe money to any Housing Program?  Yes  No  
 If yes, where? \_\_\_\_\_
3. Have you ever been removed from a housing program?  Yes  No  
 If yes, where and for what reason(s)? \_\_\_\_\_

J. Have you or any member of your household ever been convicted of a criminal offense?  Yes  No  
 If, yes, please complete the following:

1. When: \_\_\_\_\_

2. Were you rehabilitated?  Yes  No If, yes, list name and address of probation officer: \_\_\_\_\_

3. Any additional comments regarding the above information? \_\_\_\_\_

K. Note: The following information is requested on a voluntary basis relative to providing for equal opportunity statistics. Failure to respond will not have any affect on your application for housing.

White  Asian  Hispanic  Black  American Indian

Handicapped/Disabled  Other

L. Please Read.  
 I accept the Charleston Housing payment of any utility allowance that may come due to the utility company of my choice. I will provide the account number when requested.

M. WARNING:  
 Section 1001 of Title 18 of the U. S. Code makes it a criminal offense to make willful statements of misrepresentation to any Department or Agency of the United States as to any matter within its jurisdiction.

**APPLICANT/TENANT CERTIFICATION**

**Give true and Complete Information**  
 I certify that all the information provided on household composition, income, family assets and items for allowances and deductions, is accurate and complete to the best of my knowledge. I have reviewed the application form and certify that the information shown is true and correct.

**Reporting Changes in Income or Household Composition**

I know I am required to report in writing, within ten (10) days, any changes in income and household composition, and when a person moves in or out of the unit.

**Reporting on Prior Housing Assistance**

I certify that I have disclosed information regarding previous Federal housing assistance I've received, and whether or not any money is owed to such agency. I certify that for this previous assistance I did not commit any fraud, knowingly misrepresent any information or vacate the unit in violation of the lease.

**No Duplicate Residence or Assistance**

I certify that the unit I lease will be my principal residence and that I will not obtain duplicate Federal housing assistance while receiving assistance through this agency. I will not live anywhere else without notifying Charleston Housing, in writing, immediately. I will not sublease my assisted residence.

**Cooperation**

I know I am required to cooperate in supplying all information needed to determine my eligibility, level of benefit, or verify my circumstances. Cooperation includes attending pre-scheduled meetings and completing and signing needed forms. I understand failure or refusal to do so may result in delays, ineligibility determination or termination of assistance.

**Criminal and Administrative Action for False Information**

I understand that knowingly supplying false, incomplete or inaccurate information is punishable under Federal or State criminal law. I understand that knowingly supplying false incomplete or inaccurate information is grounds for termination of housing assistance or termination of tenancy.

**SIGNATURE AND DATE OF ALL HOUSEHOLD ADULTS**

1. \_\_\_\_\_ DATE \_\_\_\_\_ 3. \_\_\_\_\_ DATE \_\_\_\_\_  
2. \_\_\_\_\_ DATE \_\_\_\_\_ 4. \_\_\_\_\_ DATE \_\_\_\_\_

After verification by Housing, the information will be submitted to the U.S. Department of Housing and Urban Development on Form 50058.

Witness  
\_\_\_\_\_