

Preferences

Are you currently receiving services from a special service agency (Section 811 or State Referral Network)? Yes No

What is your current rent (if applicable)? _____/month

Are you, your spouse or co-head of household a person with a disability? Yes No

Are you, your spouse or co-head of household age 62 or older? Yes No

Are you, your spouse or co-head of household a veteran of the United States Military? Yes No

Is your name currently on a lease or a deed for a property? Yes No

Family Income and Status

Please list the source and amount of all income expected for the coming 12 months for all family members (including yourself). Please include all earnings and benefits received from AFDC/TANF, VA, Social Security, SSI, SSD, Unemployment, Worker’s Compensation, Child Support, pensions, Whole Life Insurance, investments, lump sum payments, retirement accounts, disability compensation, severance pay, alimony, trust funds available to your household, cash, earnings from self-employment including child care, etc.

Family Member Name	Income Source	Amount \$	Frequency (Week, Month, Year)
<i>Example: John Smith</i>	<i>Employment</i>	<i>\$1000</i>	<i>Month</i>

1. Is any adult family member (18 yrs.) enrolled in an education program? Yes No

If Yes, please list name, address, & phone number of program

Name of Program Street Address City State Phone

2. Is any adult family member (18 yrs.) enrolled in a job training program, including one required under the Welfare program? Yes No

If Yes, please list name, address, & phone number of program

Name of Program Street Address City State Phone

History:

1. Have you or any other person(s) listed on this application ever been charged with, or convicted of, a crime (felony, misdemeanor or summary)? Yes No

If yes, please explain:

2. Have you or any other person(s) listed on this application ever been evicted from Low Income Public Housing or Housing Choice Voucher (formerly Section 8) Housing? Yes No

If yes, please provide the address and reason for eviction: _____

3. Are you or any other person(s) listed on this application presently residing in Low Income Public Housing or Housing Choice Voucher (formerly Section 8) Housing? Yes No

If yes, please provide the address of location and move in date: _____

4. Have you or any other person(s) listed on this application ever resided in Low Income Public Housing or Housing Choice Voucher (formerly Section 8) Housing? Yes No

If yes, please identify which program and provide location and dates of residency: _____

5. Have you or any other person(s) listed on this application ever received any type of Governmental Housing assistance? Yes No

If yes, please provide details (location, address, etc.):

6. Do you or any other person(s) listed on this application owe any money to a Public Housing Authority or any other Landlord (including Housing Choice Voucher Landlords)? Yes No

If yes, please provide the name of the specific Housing Authority and/or Landlord's name and the complete address for which you owe:

Accommodations

- 1. Do you or any other person(s) listed on this application require a wheelchair accessible unit? Yes No
- 2. Do you or any other person(s) listed on this application require an extra bedroom for medical equipment? Yes No
- 3. Do you or any other person(s) listed on this application require a live-in aide? Yes No

The HUD definition of a live-in aide is a person who resides with one or more elderly persons, near-elderly persons or persons with disabilities and who is: (1) determined to be essential to the care and well-being of the persons; (2) is not obligated for the support of the persons; and (3) would not be living in the unit except to provide the necessary supportive services. It should be noted that the definition applies to a specific person. In accordance with this definition, a live-in aide is not a member of the assisted family and does not qualify for continued occupancy as the remaining member of the tenant family.

If you answered “yes” to any of the above questions in the “Accommodations” section of the application, you will need to complete the Verification of Disability and Need for Accommodation form that is available on the AHA main website at www.auroraha.com. This form must be completed by you and a third party professional such as a doctor/nurse, social worker or service agency counselor.

Head of Household: _____ Date: _____
(Signature)

I understand that by completing and submitting this application, that it is not an offer for housing and/or housing assistance and that I should not make any plans to move or end my present tenancy based on this form. I also understand that it is my responsibility to inform the Aurora Housing Authority of any change in address, phone number, email address, household income, household composition and/or disability status and that failure to comply may affect my placement on the waiting list or result in my application being withdrawn. I do hereby certify that all information that I have provided on this application is complete and accurate to the best of my knowledge and belief and understand that the information will be verified and understand that any false statements or misrepresentations on this application will be just cause to disqualify my application for housing assistance. I am also aware that submitting false information is fraud and may result in loss of current or future housing assistance, assessment of fines and/or imprisonment.

Head of Household: _____ Date: _____

Co-Head of Household: _____ Date: _____