

6. Has any person listed on this application subject to a lifetime sex offender registration? _____ NO _____ Yes. If you, who? _____

7. Please circle your race: Black White American Indian/Alaskan Native Asian/Pacific Islander 8. Please circle your ethnicity: Hispanic Non-Hispanic

INCOME AND ASSETS

Please list all income, benefits or assets received by ALL members who will be living with you in your assisted housing unit. This includes persons not related to you.

INCOME/BENEFITS	Indicate the amount of income Household member(s) is receiving	Indicate frequency of pay, weekly, bi-weekly, monthly, semi-monthly or annually	Name of Household member(s) who received this income
Employment (attach Pay stubs, Letter from employer on company letterhead, or Letter of Separation)			
Social Security (attach Benefit Award Letter)			
SSI (attach Benefit Award Letter)			
Disability/Workman's Compensation (attach Letter)			
Veterans Benefits/Retirement Pension (attach Letter)			
TANF (attach current Benefits letter or Printout)			
Food Stamps (attach current Benefits Letter)			
Unemployment Benefits (attach Benefits Letter Approving or Stopping Benefits)			
Child Support Recovery (6 Month printout)			
Child Support Contributions (Notarized letter from contributor)			
Self- Employment (Most recent filed IRS tax return, Statement of income and expenses)			
Regular Contributions/Gifts (attach notarized statement)			
Income from Rental Property (attach statement of earnings)			
Other (Please Specify and attach documentation)			
BANK STATEMENTS AND OTHER ASSETS	Number of Accounts	Name of Bank Intuition	Name of Household Members who have Assets
Checking Accounts/CDs			
Savings Account/CDs			
Stock/Bond/IRA			

EXPENSES

Please list the expenses the family anticipates paying during the next 12 months. Medical expense will be included only if the Head of Household or spouse is disabled or is 62 years of age or older.

EXPENSES	Indicate the amount of payment paid out	Indicate frequency of payments made, weekly, bi-weekly, monthly or annually	Name of Household member(s) that paid expenses
Child Care Costs (Only if member(s) are working or furthering education) (attach notarized letter, CAPS, or provider letterhead)			
Prescriptions (attach receipts or pharmacy ledger)			
Attendant Care/Auxiliary Apparatus (attach proof)			
Medical Insurance Premiums (attach proof)			
Doctors' Visits (attach receipts)			
Other Unreimbursed medical Cost (attach proof)			

PARTICIPANT CERTIFICATION

All household members age 18 and over MUST be present for reexaminations and should review the information reported on this form and sign below. All information provided on the form is subject to verification by the Jonesboro Housing Authority.

I do hereby swear and attest that all the information provide on the application is true and correct to the best of my knowledge and that income for all household members has been reported. I understand that charges in income, assets and family composition must be reported to the Jonesboro Housing Authority **WITHIN TEN (10) BUSINESS DAYS.**

I further understand that false statements or information provided by me are punishable under federal and state law and constitute grounds for termination of my housing assistance.

Signature of Head of Household Date

Signature of Spouse/Co-Head Date

Signature of Other Adult Date

Signature of Other Adult Date

Signature of Interviewer/Housing Specialist Date

Signature of Other Adult Date

WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATES CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUD STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.

Rev. 05/15

