

MILITARY SERVICE: Is there any member of your household (listed above) now serving in military service (Army, Air Force, Marines, Navy, etc.)? Yes No If yes, give the following information on each military service person:

Name	Branch	Address	Service

If you pay for utilities, indicate the utilities paid by you, and the amount: If you do not pay for any utilities listed, check N/A

Electricity \$ _____ Monthly Gas \$ _____ Monthly Water \$ _____ Monthly Phone \$ _____ Monthly Cable TV \$ _____ Monthly N/A

How long have you lived at your current address? Years ____ & Months ____ Do you owe any money to your current landlord? Yes No If yes, Amount owed? \$ _____

LIST ADDRESS, CITY, STATE AND YEAR OF LOCATIONS WHERE YOU HAVE LIVED FOR THE PAST FIVE YEARS:

Address	City, State	Year

CHILDCARE EXPENSES: Do you pay a child care provider while a family member is employed? Yes No If yes, list child care provider's name, address, and telephone number below. Amount paid to child care provider per week \$ _____ or amount paid to child care provider per month \$ _____

Name	Address	Telephone Number

MEDICAL EXPENSES: (ELDERLY OR DISABLED ONLY)

Are you receiving Medicare Benefits? Yes No If yes, Monthly amount of Benefits \$ _____
 Are you receiving Medical Assistance through the Welfare Department (DHR)? Yes No If yes, Monthly amount \$ _____
 Do you pay for any medical insurance/hospitalization (such as Blue Cross)? Yes No
 If yes, indicate amount of premium paid and how often paid. Weekly \$ _____ or Bi-weekly \$ _____ or Monthly \$ _____
 Are you making payments on outstanding medical bills? Yes No If yes, amount paid per month \$ _____
 Do you take prescription drugs on a regular basis? Yes No If yes, your cost per month \$ _____

HANDICAP ASSISTANCE EXPENSES (DISABLED ONLY)

Do you pay for a care attendant or for any equipment for the handicap member(s) of the family necessary to permit that person or someone else in the family to work? Yes No If yes, describe expenses.

PROGRAM INFORMATION:

Have you or any family member, listed on the front, ever been arrested for any offense against the law? Yes No
 Have you or any family member, listed on the front, ever had a warrant issued for an arrest? Answer? Yes No
 Have you ever been in trouble with the law? For example, traffic citation or any other situation? Answer? Yes No

If you answered yes to any of the questions in this section explain:

**NOTICE!!! YOU ARE REMINDED THAT ALL YOUR ANSWERS WILL BE VERIFIED!!
 GIVING FALSE INFORMATION IS CONSIDERED FRAUD.**

PARENTS OF ALL CHILDREN IN HOUSEHOLD, WHO IS/ARE ABSENT FROM HOUSEHOLD:

Father/Mother's Name	Family Member	Street Address	City, State	Comments/Last Contact
1.				
2.				
3.				

MARITAL STATUS/HISTORY: Have you ever been married? Yes No How many times? _____ Maiden Name: _____

	Date	From Whom	Street Address	City, State, Zip	Comments
Separated?					
Divorced?					
Widowed?		Social Security Number of Deceased	-	-	

Have you ever applied for Public Housing or Section 8 Housing? Yes No
 Have you ever lived in Public Housing or Section 8 Housing? Yes No
 Have you ever lived in housing that is referred to as the "PROJECTS"? Yes No
 If you have lived or currently live in Public Housing (Projects) and/or Section 8 Assisted Housing or housing where the amount of rent you paid was based on your income, complete the following:

Address: _____ Date(s): _____

Do you owe any money to the Public Housing Project and/or Section 8 Housing Yes Amount \$ _____ No

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

I/We **certify** that all information given to the MOBILE HOUSING BOARD (MHB) in this application is correct. I/We understand that if these facts are not true, housing assistance or housing will not be provided and I/We will be declared ineligible. I/We understand that after the information in this application is verified that the information will be submitted to the U.S. Department of Housing and Urban Development (HUD) on Form HUD-50058. See the Federal Privacy Act Statement for additional information concerning the authorized use of this information. I also understand that the staff of the MHB will verify this information and I/We authorize the MHB to submit inquiries necessary for the purpose of verifying the facts herein stated.

Signature _____ Date _____
 Head of Household

Signature _____ Date _____
 Spouse or Other Adult

Signature _____ Date _____
 HA Representative

Note: If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National Toll-Free Hot Line at 1-800-424-8590 or the GGHA will provide you with a HUD Housing Discrimination Complaint Form, HUD-903. This form can be completed to report discrimination to the HUD Office of Fair Housing and Equal Opportunity.