

Woodford County Housing Authority

UPDATING APPLICATION FOR ASSISTANCE

Name: _____ Phone #: _____

Address: _____

City State Zip Code

PLEASE ANSWER THE FOLLOWING QUESTIONS:

- 1) Is Head of Household or Spouse a person with a disability? []YES []No
(Claim of disability is regarding eligibility only)
- 2) Is the Head of Household Elderly? (62+ years) []YES []No
- 3) Are you a resident of Woodford County? []YES []No
- 4) Have you or anyone else in your family engaged in any drug-related criminal activity or violent criminal activity?
If yes, explain _____
Year of Conviction: _____

CHANGE OF FAMILY COMPOSITION

PLEASE LIST ALL MEMBERS OF THE HOUSEHOLD THAT WILL BE LIVING IN THE UNIT.

FULL NAME	RELATIONSHIP	BIRTHDATE	SEX	SOCIAL SECURITY #	BIRTH PLACE
1. _____					
2. _____					
3. _____					
4. _____					
5. _____					
6. _____					
7. _____					

(If you need more room please use the back of this form)

CHANGE IN INCOME & ASSETS:

FOR ALL MEMBERS THAT WILL BE LIVING IN THE RENTAL UNIT, PLEASE LIST THE FOLLOWING INFORMATION TYPES OF INCOME (EX: WELFARE, SSI, SOCIAL SECURITY, PENSIONS, EMPLOYMENTS, UNEMPLOYMENTS, CHILD SUPPORT ETC.)

NAME (LAST, FIRST)	SOURCE OF INCOME-MAILING ADDRESS	GROSS INCOME MONTHLY
_____	_____	_____
_____	_____	_____

ASSETS

CHECKING ACCOUNT	BANK	ACCT#	AMOUNT
PASSBOOK SAVINGS	BANK	ACCT#	AMOUNT
SAVINGS CERTIFICATE	BANK	ACCT#	AMOUNT
ALL OTHER ASSETS:	_____	_____	_____

DUE TO NEW LEGISLATION – ARE YOU WILLING TO MOVE TO WOODFORD COUNTY BEFORE GOING PORTABLE? (If you are not willing to live in our county, your name will not go on the Waiting List due to the NEW Legislation.

****WARNING:** SECTION 1001 OF TITLE OF THE U.S. CODE MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFUL FALSE STATEMENTS OR MISREPRESENTATIONS TO ANY DEPARTMENT OR AGENCY OF THE U.S. AS TO ANY MATTER WITHIN IT'S JURISDICTION.

SIGNATURE OF HEAD OF HOUSEHOLD

DATE

SIGNATURE OF SPOUSE/CO-HEAD OF HOUSEHOLD

DATE