

ST. FRANCIS APPLICATION

Application must be completely filled out (answering all questions).

Application must be filled out with pen (not pencil). Do not use white out.

You must provide the following for each household member:

- Picture ID
- Social Security Card
- Birth Certificate

Provo City Housing Authority

650 West 100 North
Provo, UT 84601

Application for Housing Assistance

Phone: 801-900-5676
Fax: 801-373-6560

www.provohousing.org



This Shaded Box for Housing Authority Use Only

Date: _____ Time: _____ am/pm

Application Entered By: _____

Receipt # _____

Unit Size: Senior Two BD Three BD Four BD Provo Priority: Yes No

This application must include a copy of **each Social Security Card** for **every person** listed on the application, or the application is incomplete. Incomplete applications are not put on the waiting list. After returning your completed application, with copies of Social Security Cards, please keep your receipt as your proof of application.

Do you wish to apply for: Public Housing Housing Choice Vouchers Both

1. Head of Household Contact Information (Print Clearly)

(Full Name) _____		(Email) _____
(Address) _____	(Apt #) _____	(Home Phone) _____
(City) _____	(State) _____	(Zip Code) _____
		(Work/Cell/Message Phone) _____

2. Household Information: *If a member of your household is pregnant, please add "expecting" under "Full Name" and the due date under "Birth Date."

Full Name *	Relationship	Birth Date	Birth Place	Gender	Race	Social Security Number
	Head of Household	/ /		M / F		- -
		/ /		M / F		- -
		/ /		M / F		- -
		/ /		M / F		- -
		/ /		M / F		- -
		/ /		M / F		- -
		/ /		M / F		- -
		/ /		M / F		- -
		/ /		M / F		- -

3. Income Information: List income amount for each household member and the source of income, for example: wages, retirement benefits, unemployment benefits, Social Security Income, disability benefits, child support, food stamps, financial assistance, welfare benefits, General Assistance, student loans or grants, gifts or donations, etc.

Household Member	Source of Income	Amount	Per
			Week / Month / Year
			Week / Month / Year
			Week / Month / Year
			Week / Month / Year
			Week / Month / Year

4. Other: Please answer each question.

Are you currently employed in the city of Provo? Yes No

Is any adult (18+) member of your household a student? Yes No

Do you currently receive Social Security or General Assistance? Yes No

Are you homeless? Yes No



If you are applying for the Housing Choice Voucher waiting list only, please skip Sections 5 & 6 and finish with Section 7, Applicant Certification.

5. Landlord History: Please provide contact information for two previous landlords. Please Note: Failure to provide complete and accurate information on rental history or other attempts to provide fraudulent information by listing friends or family as a current and/or previous landlord will result in process deferral or ineligibility.

(Name)		(Name)	
(Address)		(Address)	
Phone:	Dates of Residency	Phone:	Dates of Residency

6. History

Have you or any household member been evicted from a rental unit?	<input type="checkbox"/> Yes <input type="checkbox"/> No									
If yes, please explain:										
Have you or any household member vacated a rental unit without giving notice to the landlord?	<input type="checkbox"/> Yes <input type="checkbox"/> No									
If yes, please explain:										
Have you or any household member vacated a rental unit still owing money for rent/damages to the unit?	<input type="checkbox"/> Yes <input type="checkbox"/> No									
If yes, please explain:										
Have your or any family member been arrested or convicted of a crime?	<input type="checkbox"/> Yes <input type="checkbox"/> No									
If yes, please explain:										
Have you or any adult member of your household ever participated in a housing program or other type of subsidy program?										
<input type="checkbox"/> Yes <input type="checkbox"/> No	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Name &</td> <td style="width: 30%;"><input type="checkbox"/> Public Housing</td> <td style="width: 30%;">Dates Participated</td> </tr> <tr> <td>Location of Agency:</td> <td><input type="checkbox"/> Section 8 Housing Choice Voucher</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Other _____</td> <td></td> </tr> </table>	Name &	<input type="checkbox"/> Public Housing	Dates Participated	Location of Agency:	<input type="checkbox"/> Section 8 Housing Choice Voucher			<input type="checkbox"/> Other _____	
Name &	<input type="checkbox"/> Public Housing	Dates Participated								
Location of Agency:	<input type="checkbox"/> Section 8 Housing Choice Voucher									
	<input type="checkbox"/> Other _____									

7. Applicant Certification: Please read each section, then initial and sign. **Initial Here**
 If you have any questions about any of these statements, please ask the receptionist.

- a. I certify that all the information provided above is true and complete, and I understand that by signing this document, I authorize the Housing Authority to verify all information. I also understand that any false information provided to the Housing Authority is considered fraud, is a felony, and is subject to prosecution under both Federal and State laws. _____
- b. I understand that it is my responsibility to keep the Housing Authority updated in writing of any changes such as Provo residency, income, or household status which might affect my standing on the waiting list. I understand that if the Housing Authority does not have record of my current address, my application will be withdrawn from the waiting list. _____
- c. I have attached a readable copy of each Social Security Card for every member of my household listed on this application. I understand that applications missing copies of Social Security Cards are incomplete, and will not be placed on the waiting list. _____

Signature of Head of Household

Date

After completing this application, **please attach copies of Social Security Cards for every household member** listed on the application and hand deliver or mail to:

**Provo City Housing Authority
650 West 100 North
Provo, Utah 84601**

Partially finished applications or applications missing copies of Social Security Cards are incomplete and will not be accepted, will not be returned to applicant, and will not be placed on any waiting list.



Provo City Housing Authority
Law Enforcement Records Check Consent Form

Last name: _____ First Name: _____ M: _____

Maiden or other names: _____ Sex: _____

Race: _____ Date of Birth: _____ Social Security #: _____

The Housing Authority applicant screening policy states that any applicant can be denied assistance, if they have been arrested or convicted of a drug-related crime, crime of violence, crime against persons or exhibits a history of alcohol abuse or any other activity that could be a potential hazard to other tenants.

- 1) Have you ever been arrested or been issued a citation for a Sexual Offense? **Yes** **No**
If yes, When? _____ Where? _____
Were you Convicted? _____

- 2) Have you ever been arrested or been issued a citation for a drug-related crime? **Yes** **No**
When? _____ Where? _____
Were you Convicted? _____

- 3) Have you ever been arrested or been issued a citation for a crime involving the use of a weapon, crime of violence, domestic violence or other felonies? **Yes** **No**
When? _____ Where? _____
Were you Convicted? _____

- 4) Have you ever been arrested or been issued a citation for any other crime? **Yes** **No**
When? _____ Where? _____
Were you Convicted? _____

I, _____, **Authorize the Provo City Housing Authority to Obtain a Record of My Criminal History.**

Signature

Date

Office Use Only Below This Line

Processor: _____

Record: Yes _____ No _____

Warrant: Yes _____ No _____

Protective Order: Yes _____ No _____

Denied: Yes _____ No _____

PROVO CITY HOUSING AUTHORITY
650 WEST 100 NORTH
PROVO UT 84601

AUTHORIZATION FOR RELEASE OF INFORMATION

CONSENT

I authorize and direct any Federal, State, or local agency organization, business, or individual to release to and verify my application for participation, and/or to maintain my continued assistance under the Section 8 Rental Rehabilitation, Low-Income Public and Indian Housing, and/or other housing assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies. I also consent for HUD or the PHA to release information from my file about my rental history to HUD credit bureaus, collection agencies, or future landlords. This includes records on my payment history, and any violations of my leases or PHA policies.

INFORMATION COVERED

I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested, include but are not limited to:

Identity and Marital Status
Medical or Child Care Allowances
Residences and Rental Activity

Employment, Income, and Assets
Credit and Criminal Activity

GROUP OR INDIVIDUAL THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information (depending on program requirements) include, but not limited to:

Previous Landlords (including
Public Housing Agencies)
Courts and Post Offices
Schools and Colleges
Law Enforcement Agencies
Medical and Child Care Providers
Retirement Systems
Utility Companies
Credit Providers and Credit Bureaus

Past and Present Employers
Welfare Agencies
State Unemployment Agencies
Social Security Administration
Support and Alimony Providers
Veterans Administration
Banks and other Financial
Institutions

COMPUTER MATCHING NOTICE AND CONSENT

I understand and agree that HUD or the Public Housing Authority may conduct computer matching programs to verify the information supplied for my application or recertification. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove incorrect information. HUD or the PHA may in the course of its duties exchange such automated information with other Federal, State, or local agencies, including but not limited to: State Employment Security Agencies; Department of Defense; Office of Personnel Management; the U.S. Postal Service; the Social Security Agency; and State welfare and food stamp agencies.

CONDITIONS

I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file with the PHA and will stay in effect for a year and one month from the date signed. I understand I have a right to review my file and correct any information that I can prove is incorrect.

SIGNATURES

Head of Household

(Print Name)

Date

Spouse

(Print Name)

Date

Adult Member

(Print Name)

Date

Adult Member

(Print Name)

Date

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.