

**Provo City Housing Authority**

688 West 100 North  
Provo, UT 84601

**Application for Housing Assistance**

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

[www.provohousing.org](http://www.provohousing.org)



**This Shaded Box for Housing Authority Use Only**

Application Entered By: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ am/pm

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		- -
		/ /		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

**4. Other: Please answer each question.**

Are you currently employed in the city of Provo?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is any adult (18+) member of your household a student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you currently receive Social Security or General Assistance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you homeless? (must be verified by a Service Agency)	<input type="checkbox"/> Yes <input type="checkbox"/> No
How did You Hear about the Housing Authority?	



**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 you 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	Name & Location of Agency:	<input type="checkbox"/> Public Housing <input type="checkbox"/> Section 8 Housing Choice Voucher <input type="checkbox"/> Other _____
If yes:		Dates Participated	

**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  
 688 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.

