

RE-EXAM/INTERIM APPLICATION

1. Name First/Last/Middle Initial: _____
2. Phone #:Home/Work/Message: _____
3. E-mail Address: _____
4. Address: _____
5. Are you or any member of your household a full-time student? ____Yes ____No
If yes, Who: _____
6. Are you, or any member of your household, subject to a Lifetime Sex Offender Registration Program in any state?
____Yes ____No If yes, which household member(s)? _____
7. Do you own a pet? ____ Yes ____ No If yes, please describe _____
8. Are you a US Military Veteran? ____Yes ____No

FAMILY COMPOSITION: List all persons who are or will be living in household

Name	Relationship to Head of Household	Alien Registration # Soc. Sec. #	Sex	Age	Date Of Birth
	Head of Household				

EMPLOYMENT INFORMATION: List all full and/or part-time employment for all members of the household: (include self-employment). Give Complete name and address of employer.

Family Member	Employer Name	Employer's Full Mailing Address	Rate Per Hr.	Hours Per Wk.	Tips	Gross Annual Income

OTHER INCOME: List income from Welfare, Soc. Sec., SSI, Pensions, Workers Comp., Unemployment Comp., Babysitting, Child Support, Rental Property, Military Reserves, Work Study, Alimony, etc., **INCLUDE CLAIM # OR ID#**

Family Member	Source Name and FULL MAILING Address	ID/Claim #	Gross Amount	Indicate per Wk; Mo; Yr.
			\$	
			\$	
			\$	

You will need a Physician's verification for all over-the-counter/out-of-pocket medical expenses.

APPLICANT CERTIFICATION: Please read carefully and sign. Unsigned applications will be rejected.

I/We certify that the information given on household composition, income, net family assets and allowances, and deductions as well as other information provided is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable by federal law with fines up to \$10,000 or imprisonment for up to 5 years. I/We also understand that false statements or information are grounds for termination of housing assistance, termination of tenancy, and/or retroactive rent increases.

Signature of Head of Household

Signature of Co-Head

Date