



HOUSING AUTHORITY of Carbon County

251 S. 1600 E., #2647
Price, Utah 84501
(435) 637-5170
Fax (435) 637-5178

REASON FOR CHANGE

INCOME: Increase _____
Decrease _____
Same _____

FAMILY COMPOSITION

Date: _____

INTERIM Sec 8 PH

Tenants Name _____

Signature: _____

Address: _____

Telephone: _____

MAILING ADDRESS: _____

City: _____

State: _____ Zip: _____

A. FAMILY MEMBERS RESIDING IN THE DWELLING ARE:

	Name	Birth Date	Social Security #	Age	Gender	Relationship to Family Head
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						

B. LIST ALL SOURCES OF INCOME

	Family Member	Per month	Source
1.			
2.			
3.			

C. CHANGE OR ANTICIPATED CHANGE IN FAMILY COMPOSITION:

NEW MEMBER INFORMATION: Have you listed anyone new to your household since you last filled out this paper? Yes No
If you answered yes please complete the following:

***** MUST HAVE BIRTH CERTIFICATE AND SOCIAL SECURITY CARD FOR EACH REGARDLESS OF AGE:**

	Full Legal Name	Social Security #	Birth Date	Age	Birth Place: City, State
1.					
2.					

In signing this consent form, you are authorizing Housing Authority of Carbon County (HACC) to request income information from the sources listed below. HACC needs this information to verify your household's income, In order to ensure that you are eligible for assisted housing benefits and these benefits are at the correct level. HACC is required to protect the information it obtains through the use of this form. HACC may disclose information for certain routine uses such as to other government agencies including other Housing Authorities . HACC is required to protect the information obtained in accordance with any applicable State privacy law. Private owners may not request or receive information authorized by this form.

This consent form expires 15 months after signed.

Head of Household - Signature	Social Security Number	Date
Spouse - Signature	Social Security Number	Date
Family Member (age 18 +) - Signature	Social Security Number	Date
Family Member (age 18 +) - Signature	Social Security Number	Date

All below listed sources may be contacted and requested to provide Income Information for you and all household member through the use of this consent form. Please check ALL agencies that apply to your family and the amounts you receive.

Name of Person Receiving:

- Any Employer
- Any Unemployment
- Any Dept of Public Welfare Agency (Food Stamps, Financial, etc...)
- Any Child Support Agency (ORS or Other)
- Any Social Security Administration Agency (SS, SSI, SSDI, or Widows)
- Any Veteran's Administration Agency that administers benefits to Veterans
- Any Pension Plan
- Any Bureau of Workers Compensation Agency
- Any Medical Insurance Policies
- Any Life Insurance Policies (cash Value) _____
- Any Bank or Lending Institution Including Checking & Savings Accts
- Do you own any real estate? (value & location) _____
- Stocks, bonds, or other securities _____

ASSETS:

HOUSING AUTHORITY OF CARBON COUNTY
 251 SOUTH 1600 EAST #2647
 PRICE UTAH 84501
 PHONE: (435) 637-5170
 FAX: (435) 637-5178

EMPLOYER'S STATEMENT OF SALARY AND WAGES

Date: _____

INTREM SEC 8 PH

Employer: _____
 Address: _____
 City: _____ State: _____ Zip: _____

We are legally required to verify the income from all sources of all families applying for admission to, or continued occupancy in, developments in the low-rent housing program of this Housing Authority.

The below named applicant (tenant) has given your name as an employer reference for a dwelling unit (or for continued occupancy) in one our developments. We are requesting your cooperation in supplying the information below, which applies to the period during which you employed this applicant. This information will be used only in determining the family's eligibility and rent.

I _____, hereby authorize and request my employer to furnish the following information which is necessary in determining my eligibility and rent for low-rent public housing.

 Signature of Applicant/Tenant

 Signature of Housing Authority Representative

Personal Information

Employee Name _____ Social Security _____

Employee Address _____

*****TO BE FILLED OUT BY EMPLOYER ONLY*****

Employee Information

Job Title	Date Started: _____ Ending Started: _____	Rate of Pay \$ _____ per _____
Date Present Rate of Pay Became Effective:	If less than 12 months, give previous rate of pay and effective date:	
Average number of hours worked per week:	Overtime Rates \$ _____ per _____ _____ Begins after _____ hours	Total Gross Earnings for the past 12 months:

Benefits:

Commission	() Yes () No	Amount \$ _____	Per _____
Tips	() Yes () No	Amount \$ _____	Per _____
Bonus	() Yes () No	Amount \$ _____	Per _____
Sick Leave w/pay	() Yes () No	Amount \$ _____	Per _____
Vacation w/pay	() Yes () No	Amount \$ _____	Per _____

Person Verifying Information: _____ Title _____ Date _____

HOUSING AUTHORITY OF CARBON COUNTY
251 SOUTH 1600 EAST #2647
PRICE, UTAH 84501
PHONE: (435) 637-5170
FAX: (435) 637-5178

Date: _____

INTREM SEC 8 PH

Office of Recovery Service
150 East Center Street, Suite 2100
Provo, Utah 84606
Fax: 801-374-7206

Income verification to determine eligibility for participation in the Public Housing Program, or the Section 8 Existing Program, administered through the Housing Authority of Carbon County.

Name: _____ Telephone: _____

Social Security #: _____ Date of Birth: _____

Person/Family requesting release of information

Signature _____

Section 8 Representative _____

Public Housing Representative _____

Comments _____

***** TENANT DO NOT WRITE BELOW THIS LINE *****

DWS - Please Complete the Following:

- ◆ Grant Amount \$ _____ Wages (if any): _____
- ◆ Employed By: _____ How Long: _____
 - ◆ On E.W.P. _____ Amt./wk: _____
 - ◆ Recipients of Welfare to Work Program (actively seeking employment)
Amt/wk: _____
 - ◆ Actively Participating in PT or FT school (training leading to a certificate of completion)
() Yes () No
 - ◆ Disabled/Handicapped () Yes () No
 - ◆ Medical Assistance () Yes () No
 - ◆ Food Stamps () Yes () No

Allowable child support from Recovery Services \$ _____

Form 702 – Affidavit of Contribution () Yes () No

Person Verifying Information _____ Date of Verification _____

APPLICANT SS# _____

**HOUSING AUTHORITY OF CARBON COUNTY LAW
ENFORCEMENT RECORDS CHECK**

The following information is required for a law enforcement records check.

Full Name of Participant-Including Maiden Name or Aka's: (Indicate principal resident or other):

Sex: () Male () Female

Date of Birth: _____ Social Security #: _____

Driver's License or Identification Card Number and State: _____

Prospective applicants may not wish to apply if they have been arrested or convicted of any drug offenses, sexual offense, crime of violence or use of a weapon, or any other criminal activity which may indicate a potential hazard or danger to other residents.

QUESTIONNAIRE PLEASE MARK ONE ANSWER ONLY

1. Have you ever been arrested for a drug or alcohol related crime?
() Yes () No If Yes, when? _____
Disposition: _____
2. Have you ever been arrested for a sexual offense?
() Yes () No If Yes, when? _____
Disposition: _____
3. Have you ever been arrested for a crime involving the use of a weapon, crime or violence, or other related incidents?
() Yes () No If Yes, when? _____
Disposition: _____

**ANYONE REPORTING FALSE INFORMATION OF THIS FORM WILL
BE DENIED HOUSING**

I hereby authorize the Housing Authority of Carbon County and its agents to verify the above information and certify that the information provided is true and correct.

Signature of Applicant

Date

Declaration of U.S. Citizenship Or Non-Citizen With Eligible Immigration Status

In accordance with the Department of Housing and Urban Development (HUD), every applicant / participant must complete the following for all family household members. Please list every person living in the household and designate citizenship as defined below.

- (A). United States Citizen(s)
- (B). Non-Citizen with Eligible Immigration Status
- (C). Non-Citizen without Eligible Immigration

Status Applicant Information (PLEASE PRINT)

Name	Sex	Age	Relationship	A	B	C	Signature of Head of Household
Head of Household			Head	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Spouse			Spouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Child				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Child				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Child				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Child				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Child				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Additional Household Member				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Additional Household Member				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

I declare under penalty that I or we are giving true and accurate information on every member of our household concerning whether he or she is a U.S. Citizen, non-citizen with eligible immigration status or non-citizen without eligible immigration status.

Signature, head of household

Date

Signature, spouse / co-head of household

Date

Signature, additional household member 18 years or older

Date

WARNING! Title 18, Section 1001 of the United States Code, states that person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States.