

**ALLEN METROPOLITAN HOUSING AUTHORITY  
APPLICATION -TENANT UPDATE**

**PLEASE BRING THIS COMPLETED FORM WITH YOU AT TIME OF APPOINTMENT. ALL HOUSEHOLD MEMBERS THAT ARE 18 OR OLDER MUST ATTEND YOUR MEETING. IF APPLICABLE, PLEASE SUPPLY A CURRENT STATEMENT OF YOUR HOUSEHOLD'S SOCIAL SECURITY, WORKER'S COMPENSATION, UNEMPLOYMENT STATEMENTS AND SPEND DOWN INFORMATION.**

Tenant's Name: \_\_\_\_\_ Phone: # \_\_\_\_\_

Present Address: \_\_\_\_\_

Email address: \_\_\_\_\_

**HOUSEHOLD COMPOSITION**

List the head of household and all other family members presently living in the assisted unit or those who will be living in the unit in the next twelve (12) months.

\*HUD REPORTING CODE FOR RACE:

WHITE - 1    BLACK - 2    AMERICAN INDIAN/ALASKA NATIVE - 3    ASIAN - 4  
NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER - 5

ETHNICITY: HISPANIC OR LATINO – 1

NOT HISPANIC OR LATINO - 2

LAST NAME	FIRST NAME	M I	BIRTH DATE	A G E	RELATION TO HEAD OF HOUSEHOLD	S E X	RACE/ ETHNICITY *	SS#

**CURRENT HOUSING STATUS**

How many people now live in your unit? \_\_\_\_\_ Is the Head of Household or spouse disabled? \_\_\_\_\_

Are you planning to move at your annual recertification? \_\_\_\_\_

Have you given a Notice to move or signed an Early Termination Agreement? \_\_\_\_\_

When is your move out date? \_\_\_\_\_

Do you owe money to any Housing Authority? \_\_\_\_\_ What is the balance owed? \_\_\_\_\_

To what Housing Authority do you owe money? \_\_\_\_\_

Have you or anyone in your household been convicted of a felony or are a registered sex offender?  
 \_\_\_ Yes \_\_\_ No    If yes, please explain. \_\_\_\_\_

**INCOME INFORMATION**

Please check all sources of income that are expected to be received by **any** and **all** family members within the next 12 months. All waiting list applicants need to include all employers within the last 6 months so that we may verify your preference point.

**Note: AMHA now has access to the upfront income verification system. The EIV allows us to view all household members past and present income information. The Information obtained by EIV can only be used by this agency and will be kept in your file or destroyed if not used. If you have questions please ask your caseworker.**

**Please Initial:** \_\_\_\_\_

\_\_\_ Employment/Name of Employer: \_\_\_\_\_ Address of Employer: \_\_\_\_\_

\_\_\_ Other regular contributions or gifts/Source of contribution/gift: \_\_\_\_\_

\_\_\_ Social Security      \_\_\_ SSI/SSDI/SSA      \_\_\_ Active Military Pay      \_\_\_ Alimony      \_\_\_ Pension

\_\_\_ Child support: What County: \_\_\_\_\_      \_\_\_ TANF/GA/FOOD STAMPS: What County \_\_\_\_\_

\_\_\_ Unemployment      \_\_\_ Lump sum Payments      \_\_\_ Worker's Comp.      \_\_\_ Veteran Benefits

\_\_\_ Other regular contributions or gifts/Source of contribution/gift: \_\_\_\_\_

\_\_\_ Self Employment      \_\_\_ Income from privately owned rental property      \_\_\_ Other: \_\_\_\_\_

**Please check all sources of assets for each family member.**

\_\_\_ Savings/ Name of Bank: \_\_\_\_\_      \_\_\_ Checking/ Name of Bank: \_\_\_\_\_

\_\_\_ CDs/ Cash Value: \_\_\_\_\_      \_\_\_ IRA/Keogh/Cash Value: \_\_\_\_\_

\_\_\_ Stocks/Bonds/Cash Value: \_\_\_\_\_      \_\_\_ Cash Value of Life Insurance/ Which Agency: \_\_\_\_\_

**INCOME LISTING**

<u>Name of person receiving income</u>	<u>All Sources/Income</u> (WAGES, TANF, SOC.SEC., CHILD SUPPORT, SSI, ETC)	<u>Monthly Gross Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

\*\* Do you or any other adults in the household attend college/school? \_\_\_\_\_

If yes, please provide name of college/school: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

\*\* Do you pay a child care provider while you work or attend school? \_\_\_\_\_

If yes, please provide the following. Name of provider: \_\_\_\_\_

Address: \_\_\_\_\_ Phone # : \_\_\_\_\_

Rate: \$ \_\_\_\_\_ per \_\_\_\_\_ Week, 2 weeks, month (circle one).

Are you currently working with another Social Service Agency? \_\_\_ If yes what agency: \_\_\_\_\_

Caseworkers name: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip \_\_\_\_\_

Phone: \_\_\_\_\_

Does another person have Power of Attorney or legal guardianship for you? \_\_\_\_\_

If yes, Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Phone#: \_\_\_\_\_

**IF you are elderly, handicapped or disabled, please check all medical expenses that you must pay for that are not covered by insurance.**

Medicare                       Doctor                       Spend Down/ Amount \$ \_\_\_\_\_

Health Insurance               Dentist                       Over the counter items

Prescription Drugs/ Pharmacy: \_\_\_\_\_

Eye care                       Other: \_\_\_\_\_

**I/WE CERTIFY THAT THE INFORMATION GIVEN TO THE ALLEN METROPOLITAN HOUSING AUTHORITY FOR HOUSEHOLD COMPOSTION, INCOME, NET FAMILY ASSETS AND ALLOWANCES/DEDUCTIONS IS ACCURATE AND COMPLETE TO THE BEST OF MY/OUR KNOWLEDGE AND BELIEF. I/WE UNDERSTAND THAT FALSE STATEMENTS OR INFORMATION ARE PUNISHABLE UNDER FEDERAL LAW. I/WE ALSO UNDERSTAND THAT FALSE STATEMENTS OR INFORMATION ARE GROUNDS FOR TERMINATION OF HOUSING ASSISTANCE AND TERMINATION OF TENANCY.**

\_\_\_\_\_  
HEAD OF HOUSEHOLD                      DATE

\_\_\_\_\_  
SPOUSE/FRIEND/OTHER ADULT                      DATE

\_\_\_\_\_  
OTHER ADULT                      DATE

\_\_\_\_\_  
OTHER ADULT                      DATE

\_\_\_\_\_  
HOUSING AUTHORITY REPRESENTATIVE                      DATE