HOUSING AUTHORITY OF SOUTHEASTERN UTAH

Main Administrative Office
321 East Center Street
Moab, UT 84532
Phone (435) 259-5891
Fax (435) 259-4938
TTY (800) 346-4128
Email: rpollock@hasuhomes.org

Dear Applicant:

Thank you for applying for the Housing Choice Voucher program. If we may be of assistance such as filling out this application for you, please let us know. To qualify for the Housing Choice Voucher rental assistance program the applying person(s) income must not exceed the very-low Grand and San Juan counties income limits as determined and set by the Department of Housing and Urban Development (HUD). Submittal of this application does not obligate you to the Housing Authority of Southeastern Utah (HASU) formerly known as Grand County Housing Authority in any way.

The completed application must be submitted with all information requested attached in order to be placed on the Housing Choice Voucher waiting list. The entire application must be completed in its entirety. If a section of the application does not apply to your household, write "N/A" for "Not Applicable". Once your completed and satisfactory application is received you will be placed on the Housing Choice Voucher waiting list by date and time. The Housing Authority does not provide preference based on the circumstances of the household. The household's application will be rejected if the application is found to be fraudulent in any way.

Sincerely,
Housing Authority of Southeastern Utah

Application Instructions

The following items must be attached with your application, as appropriate, at time of submission:

- Birth Certificates or Certificate of Indian Blood
- Social Security Card
- Picture Form of Identification – State Driver's License or Identification Card
- Most Recent Bank Statement – Income that is Direct Deposited
- If Divorced – Copy of Divorce Decree
- Joint Custody of Children – copy of Award of Custody

FY 2020 Income Limits	Median Income	FY2016 Income Limit Category	Persons in Family							
			1	2	3	4	5	6	7	8
Grand/ San Juan County	$62,600/ $53,900	Very Low (50%) Income Limits	$25,950	$29,650	$33,350	*$37,050*	$40,050	$43,000	$45,950	$48,950

Date: _____

APPLICATION
HOUSING CHOICE VOUCHER PRELIMINARY APPLICATION

A. GENERAL INFORMATION: PLEASE PRINT

NAME: _____

ADDRESS: _____

MAILING ADDRESS: _____

CITY, STATE, and ZIP CODE: _____

PHONE: _____ CELL PHONE OR MESSAGE PHONE: _____

LIST THE APPLICANT AND ALL OTHER PERSONS WHO WILL BE LIVING IN THE UNIT:

NAME	RELATIONSHIP	DATE OF BIRTH	SEX	SOCIAL SECURITY NUMBER

Do you expect a change in your family size? **Circle One:** Yes/No If yes, what and when? _____

Is anyone in this household a full-time student? **Circle One:** Yes/No Names: _____

B. INCOME

For each type of income that your household receives, give the source of income and the amount. List all income such as welfare, child support, social security, income from assets, pensions, retirement etc.. **ALL INCOME WILL BE VERIFIED.**

FAMILY MEMBER	SOURCE OF INCOME	MONTHLY GROSS INCOME

TOTAL MONTHLY GROSS INCOME $ _____

OFFICE USE ONLY

APPLICATION RECEIVED: ____ WALK-IN ____ US MAIL/FED EX/ UPS ____ FAX ____ EMAIL

DATE: _____ TIME: _____ AM / PM

BY_____

Housing Authority of Southeastern Utah is an Equal Opportunity Provider and Equal Housing Opportunity

C. ASSESTS

LIST ALL CHECKING AND SAVINGS ACCOUNTS AND ANY OTHER ASSET YOUR HOUSEHOLD RECEIVES:

	BANK/BRACH	ACCOUNT#	KIND OF ACCOUNT	BALANCE
Checking Account(s)				
Savings Account(s)				
Money Market Account(s)				
Trust Account(s)				
Certificates of Deposit				
IRA				
Savings Bonds				
Whole Life Insurance Policy				

1. Real Property:

Do you own a home or other real estate? **Circle One**: Yes/No If yes, what? _____

Location? _____

Current Market Value? _____ Outstanding Mortgage Balance? _____

Have you sold/disposed of any business, property, or other assets in the last 2 years? **Circle One**: Yes/No

If yes, state type of property_____

Date of Sale/Disposition: _____ Market Value When Sold/Disposed of: _____

Amount Sold/Disposed for: _____

Have you sold or given away real property or other assets in the past two years? **Circle One**: Yes/No
If yes, what is the current market value of the asset? _____

D. MEDICAL EXPENSE

Medical Expenses: Complete this part ONLY if head of household, spouse or minor is 62 years or older, handicapped/or disabled.

Medical Premiums: Monthly Amount: $_____

Medical Insurance Coverage $_____

Name of Company: _____ Address _____

Anticipated Medical Expenses NOT neither covered by Insurance NOR reimbursed: Monthly Amount $_____

Medical Bills or Outstanding Cost which you are making monthly payments: Monthly Amount $_____

Medical related travel costs: Monthly Amount $ _____

Any other medical expenses: List type and amount:

_____ Monthly Amount $ _____

_____ Monthly Amount $ _____

E. CHILD CARE EXPENSES

Complete for households with minors less than 13 years of age ONLY.

Name(s) of children cared for:

Name _____ Age: _____

Name _____ Age: _____

Name Child Care Provider:

Name _____ Address: _____

Phone: _____

Weekly cost of child care due to employment $ _____ Education? $ _____

F. PAST RENTAL HISTORY

COMPLETE THE FOLLOWING INFORMATION ON THE PAST SEVEN (7) YEARS OF RESIDENCY. (Additional listing may be listed at the end of this application).

Present Address: _____ OWN _____ RENT How Long? _____ Dates: _____

Address: _____ City, State, Zip Code: _____

Landlord/Owner Name: _____ Phone: _____

Address: _____ City, State, Zip Code: _____

Former Address: ____ OWN ____ RENT How Long? _____ Dates: _____

Address: _____ City, State, Zip Code: _____

Landlord/Owner Name: _____Phone: _____

Address: _____ City, State, Zip Code: _____

G. OTHER INFORMATION

Presently Are You:

__ Renting
__ Own
__ Living with Relative/Friend
__ Homeless
__ Other: _____

Marital Status:

__ Married
__ Divorce
__ Single
__ Widowed
__ Separated
__ Living with Another Adult

Would you benefit from the features of a specially designed unit? _____ If Yes, what features do you require?

_____

Has any member of your household ever lived in Public Housing or has received the Housing Choice Voucher Program, formerly known as Section 8 Certificates or Vouchers? **Circle One**: Yes/No
If yes, briefly explain: _____
_____

Has any member of your household ever been terminated from the Housing Choice Voucher program, formerly known as Section 8 Certificates or Vouchers? **Circle One:** Yes/No
If yes, briefly explain: _____

_____

Has any member of your household ever been convicted or charged with a crime? **Circle One:** Yes/No

If yes, briefly explain? _____

Is any member of your household currently on probation or parole? **Circle One**: Yes/No
If yes, briefly explain: _____

Please provide contact information of your probation or parole officer: _____

Are you a U.S. Citizen? **Circle One**: Yes/No If No, do you have Eligible Immigration Status? **Circle One:** Yes/No

Other names that may have been used by members of the household? _____

IN CASE OF EMERGENCY, CONTACT:

NAME: _____ PHONE: _____

ADDRESS: _____ CITY: _____ STATE: _____

Please provide the following information.

"The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Services that the Federal laws prohibiting discrimination against tenant application on the basis of race, color, national origin, religion, sex, familial status, age, and disability are complied with. You are not required to furnish this information but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you chose not to furnish it, the owner is required to note the race, ethnicity, and sex of individual applicants on the basis of visu8al observation or surname."

Check One:	Check One:	Check One: Gender
__ Hispanic or Latino	__ American Indian or Alaskan Native	__Male
__ Non-Hispanic or Latino	__ Asian	__Female
	__ Black or African American	
	__ Native Hawaiian or Other Pacific Islander	
	__ White	

Please use the space below to provide any additional information you may have:

_____

_____

_____

Everything that I/we have stated in this application is true and correct to the best of my knowledge. I/we understand that false statements are grounds for denial or termination of assistance. I understand that the Housing Authority will only retain this application and all copied support documents as required by the Department of Public Housing and Development. You are authorized to obtain information from present and former landlords and employers and to ask questions about their experience with me. You are further authorized in the future to share information about my tenancy with prospective landlords.

I/we understand that this is not a contract and does not bind either party. The above information is full, true, and complete to the best of my/our knowledge. I/we have no objectives to the above statements being verified. I/we certify that the unit will serve as the household's primary residence.

_____ _____
Head of Household Signature Date

_____ _____
Co-Head Signature Date

INCOME VERIFICATION

GENERAL:

☐ I am not self-employed and have attached the following verification of sources of income:

☐ Check Stubs from the following employers (s)

_____

_____

_____

- ❑ AFDC
- ❑ Social Security Benefits
- ❑ Alimony
- ❑ Veteran's Administration Benefits
- ❑ Other (Please list):

_____

_____

_____

SELF-EMPLOYED:

☐ I am self-employed and have attached copies of my individual federal and state income tax returns for the immediately preceding three calendar years for which such income tax returns were filed, (or, if not filed, were not required to be filed), and certify that the information shown on such income tax returns is true and complete to the best of my knowledge and that any income tax returns not filed were not required to be filed.

_____ _____
Signature Date

_____ _____
Spouse or Other Adult Signature Date

ASSET VERIFICATION

I hereby grant you permission to disclose information regarding my assets to The Housing Authority of Southeastern Utah, in order to determine income eligibility for the Section 8 Housing Choice Voucher Program.

_____ _____
Signature Date

Please send to:

Housing Authority of Southeastern Utah
321 East Center Street
Moab, UT 84532

Bank Name and Address

_____
_____
_____

Type of Asset/ Account Number	Value of Asset*/ Interest Rate	Annual Income from Asset
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

* If asset is a checking account, please provide 6 months average of value of asset.

_____ _____
Signature Date

_____
Title

REQUEST FOR VERIFICATION OF EMPLOYMENT

The undersigned applicant has applied for rental assistance in a project receiving Federally Assisted funds. Income of prospective tenant must be verified.

TO: (Name and Address of Employer)

_____

_____

_____

FROM: **The Virginian Apartments**
321 East Center Street
Moab, UT 84532

Applicant's Name: _____

Applicant's Social Security Number: _____

By signing below, I authorize verification of my employment information:

_____

PLEASE READ THIS INFORMATION CAREFULLY BEFORE CONTINUING:

APPLICANT DOES NOT COMPLETE THE INFORMATION BELOW
APPLICANT DOES NOT SEND THIS INFORMATION TO BE DONE TO EMPLOYER
APPLICANT MUST GIVE TO THE HOUSING AUTHORITY TO SEND TO EMPLOYER ONLY

TO BE COMPLETED BY EMPLOYER ONLY

Date Applicant Hired: _____ Occupation: _____

Date of Termination: _____

Frequency Paid: Please check one

___ Bi-Weekly (Every other week or 26 Pay Periods Per Year)

___ Semi-Monthly (Two times per Month or 24 Pay Periods Per Year)

___ Monthly (Paid once a Month, or 12 Pay Periods Per Year)

___ Other. Please Specify: _____

If Paid Salary:

___ Amount Paid _____ Total Annual Salary Amount: _____

If Paid Hourly Wage:

___ Rate of Pay Per Hour $_____
___ Average Hours Per Week _____
___ Commissions (Estimate Per Week)$_____
___ Gratuities and/or Tips (Estimate Per Week) $_____
___ Other. Please Specify: _____

Effective Date of Last Pay Increase: _____

Effective Date and Probability of Next Pay Increase: _____ How Much? _____

I hereby certify the statements above are true and complete to the best of my knowledge.

_____
Signed

_____
Title

_____
Date

_____
Telephone Number

_____
Name of Company

AUTHORIZATION FOR RELASE OF INFORMATION

CONSENT

I authorize and direct any Federal, State, or local agency, organization, business, or individual to release the Housing Authority of Southeastern Utah (HASU), 321 East Center Street, Moab, Utah 84532, any information or materials needed to complete and verify my application for participation and/or to maintain my continued assistance. I understand and agree that this authorization is 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 rule and policies. I also consent for HUD or HASU to release information from my file about my rental history to HUD, credit bureaus, collection agencies, or potential landlords. This includes records of my payment history and violations of HASU policies.

INFORMATION COVERED

I understand that, depending upon program policies and requirements, previous information regarding me or my household may be needed. Verification and inquires that may be requested include, but are not limited to the following:
Identity and Martial Status, including custody and support agencies
Medical or Child Care Allowances
Employment, Income, and Assets
Credit and Criminal Activity
Residence and Rental Activity
Handicapped Assistance

I understand this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in housing assistance programs.

GROUP OR INDIVIDUALS THAT MAY BE ASKED

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

Current and Past Landlords
Public of Indian Housing Agencies
Courts and Post Offices
Law Enforcement
Welfare Agencies
Veterans Administration
Banks and other Financial Institutions
Schools and College
Support and Alimony Providers
State and Private Employment Agencies
Medical and Child Care Providers
Retirement Systems
Credit Providers and Credit Bureaus
Utility Companies

COMPUTER MATCHING NOTICE AND CONSENT

I understand and agree that HUD or HASU 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 that information. I consent that HASU and/or HUD may exchange 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 Administration, Law enforcement agencies, and the State Welfare and Food Stamp Agencies.

CONDITIONS

I agree that a photocopy of this authorization may be used for the purposes stated above. This authorization will stay in effect for fourteen months from the date signed.

HEAD OF HOUSEHOLD	SPOUSE OR OTHER ADULT
Social Security Number:	Social Security Number:
_____	_____
Printed Name:	Printed Name:
_____	_____
Signature:	Signature:
_____	_____