RENEWAL FOR VOUCHER-BIG STONE GAP REDEVELOPMENT & HOUSING AUTHORITY

APPLICANT NAME:	HOME PHONE #
	CELL PHONE #
	EMAIL ADDRESS:

RESIDENCE ADDRESS:

MAILING ADDRESS:

HOUSEHOLD COMPOSITION – LIST ALL PERSONS WHO ARE LIVING WITH YOU INCLUDING YOURSELF:

LEGAL NAME	DATE OF BIRTH	RELATIONSHIP	<u>SS#</u>	**INCOME
1				<u> </u>
2				\$
3				\$
4				\$
5				\$
6				\$

****LIST ALL SOURCES OF INCOME** – TANF, SOCIAL SECURITY, SSI, CHILD SUPPORT, WAGES, UNEMPLOYMENT, CASH CONTRIBUTIONS, ETC. IF YOU RECEIVE SS OR SSI, OUR OFFICE WILL GET THAT INFORMATION THROUGH EIV. IF YOU RECEIVE CHILD SUPPORT THROUGH DCSE, PLEASE PROVIDE US WITH YOUR CASE NUMBER

DO YOU HAVE A CHECKING OR SAVINGS ACCOUNT ?_____ IF YES, PLEASE MAIL OR BRING A COPY OF YOUR LATEST BANK STATEMENT OR PRINTOUT THAT SHOWS THE AVERAGE 6 MONTHS BALANCE.

HAVE YOU SOLD OR GIVEN AWAY ANY ASSETS FOR LESS THAN FAIR MARKET VALUE?

DOES ANYONE LIVE WITH YOU NOW WHO IS NOT LISTED ABOVE? OR DOES ANYONE PLAN TO LIVE WITH YOU IN THE FUTURE NOT LISTED ABOVE. IF SO, EXPLAIN BELOW _____

IS ANYONE IN YOUR HOUSEHOLD HANDICAPPED OR DISABLED? IF YES, PLEASE PROVIDE ALL OUT OF POCKET MEDICAL EXPENSES FOR YOUR HOUSEHOLD .

HAVE YOU OR ANYONE IN HOUSEHOLD EVER BEEN CONVICTED OF A FELONY OR DRUG-RELATED CRIMINAL ACTIVITY OR VIOLENT CRIMINAL ACTIVITY?______ IF YES, DATE OF CONVICTION ______PLACE OF CONVICTION_____

ARE YOU OR ANYONE IN YOUR HOUSEHOLD SUBJECT TO A LIFETIME SEX OFFENDER REGISTRATION REQUIREMENT?

LIST ANY CHANGES THAT HAVE OCCURRED IN THE LAST TWELVE MONTHS AND EXPLAIN:

ARE YOU A STUDENT?

APPLICANT CERTIFICATION: I/WE CERTIFY THAT THE STATEMENTS ARE TRUE AND COMPLETE TO THE BEST OF MY/OUR KNOWLEDGE AND BELIEF.

WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATES CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLFULLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.

DATE	SIGNATURE OF SPOUSE	DATE
DATE	SIGNATURE OF OTHER ADULT	DATE

DO NOT LEAVE ANY PORTION OF THIS FORM BLANK