**PLEASE FILL OUT ALL FORMS AND RETURN TO SECTION 8 OFFICE**

**MISSISSIPPI REGIONAL HOUSING AUTHORITY NO. VII Application For Housing Choice Voucher Program**

 **909 Delaware Avenue - P. O. Box 430 - McComb, MS 39649**

**TTY: 1-800-582-2233 or Dial 711 - Phone: 601-684-9503 - Fax: 601-684-3312**

 **Email Address: hcv@mrha7.org**

**INSTRUCTIONS: You MUST fill out this form entirely and mail it to the PO Box above (or) bring it to our office. If you do NOT fill out this form, this will cause a delay in issuing a voucher to you. Also, please FILL OUT completely the first 4 sheets; then FILL OUT or SIGN/DATE all other forms in this Formal Packet ONLY where HI-LIGHTED in YELLOW. Also send us copies of Birth Certificates, Social Security cards, Proof of Income, Checkstubs, SS/SSI printout, Child Support/TANF printout, and proof of any other income you may have. Please Return ALL Within Ten (10) Days!**

**Date: Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Applicant Name**: \_\_\_\_\_\_

**Current Street Address**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **City/State** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Current Mailing/P.O. Box Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **City/State** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Home Telephone: Cell Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**List names and phone numbers of two friends/relatives as contacts:**

**1. Name: 2. Name:\_\_\_\_\_**

**Phone #: Phone #:**

**HOUSEHOLD COMPOSITION**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **#** | **NAME**  | **Relationship To Applicant** | **Date Of** **Birth** | **Age** | **Race** | **Sex** | **SSN** |
| **1** |  | **Head Of Household** |  |  |  |  |  |
| **2** |  |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |  |
| **5** |  |  |  |  |  |  |  |
| **6** |  |  |  |  |  |  |  |
| **7** |  |  |  |  |  |  |  |
| **8** |  |  |  |  |  |  |  |

**Ethnicity of Family: \_\_\_\_\_ Hispanic \_\_\_\_\_\_Non-Hispanic**

**Does anyone live with you now who is not listed above? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Do you expect any changes in your household composition within the next 12 months? (Pregnant, planning to
divorce, etc. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Will you, or any member of your household, require a handicapped accessible unit? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Number of children in family with Elevated Blood Lead Level \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CURRENT HOUSING STATUS**

**How many people in your unit now? Number of bedrooms? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Do you wish to move? If yes, why? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Are you being evicted? Explain.**

**Are you being displaced? Explain. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Do you presently live in a government subsidized unit?**

**Have you ever lived in Public Housing? Name of PHA \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Have you ever received Section 8? Name of PHA \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**INCOME INFORMATION YES NO**\_\_\_\_\_\_\_\_

**1. Is any member of your household employed? \_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (full-time, part-time, seasonally)**

1. **Does any member expect to work? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **Does any member work for cash?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
3. **Is any member on leave of absence? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
4. **Does any member receive unemployment benefits? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
5. **Does any member receive child support? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
6. **Is any member entitled to child support? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
7. **Does any member receive alimony? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
8. **Is any member entitled to alimony? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
9. **Does any member receive TANF, Food Stamps, or Medicaid? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
10. **Does any member receive SS and/or SSI benefits? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
11. **Does any member receive a pension or annuity? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
12. **Does any member receive cash contribution? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
13. **Does any member have income from assets? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
14. **Did you file State and/or Federal Income Taxes this year? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **MEMBER # SOURCE OF INCOME ANNUAL INCOME**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**HOMELESS CERTIFICATION STATUS:**

 **1. Are you currently residing in one of the following:**

 **\_\_\_ A Supervised Shelter \_\_\_ Transitional housing program**

 **\_\_\_ A Hotel or motel providing temporary accommodations for homeless people.**

 **Name of Shelter/Hotel/Motel/Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Date entered Facility/Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2. Are you currently without a fixed, regular nighttime residence. Please explain/describe living**

**accommodations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**3. Are you currently residing in a public/private place not ordinarily used as sleeping**

 **accommodations for human beings. Please explain/describe where: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**STUDENT ELIGIBILITY STATUS:**

**1. Are you enrolled in GED class? \_\_\_ YES \_\_\_\_ NO**

 **If ‘YES’, name and address of school: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2. Are you a part-time or full-time student in Vo-Tech or College? \_\_\_\_ YES \_\_\_\_ NO**

 **Name and Address of College/Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CRIMINAL HISTORY**

**1. Have you or any other adult members ever used any name(s) or Social Security number(s) other**

 **than the one currently being used? \_\_\_\_\_ YES \_\_\_\_\_\_ NO**

**2. Have you or any household member committed fraud or been requested to repay money for**

 **knowingly misrepresenting information in a Federally-assisted housing program? \_\_\_YES \_\_NO**

**3. Have you ever been arrested? \_\_\_\_\_ YES \_\_\_\_\_\_ NO If YES, what date? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Explain arrest: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ASSET INFORMATION**

**MEMBER # BANK NAME ACCOUNT # CURRENT BALANCE**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**List all stocks, bonds, trusts, C.D.'s, IRA's, etc.:**

**If employed, do you contribute to the Company Pension Plan? YES NO**

 **If yes, how much do you contribute each month.**

**Do you own any real estate?**

 **Have you sold or given away any real property or other assets in the past two years?**

 **Does any member of your household have a Life Insurance policy? YES NO**

**If yes, policy # . Name of Agent .**

**Has any member received a lump sum distribution such as inheritances, lottery winnings, insurance**

**settlements, etc.? \_\_\_\_\_YES \_\_\_\_\_\_NO**

**If yes, what kind, when, and how much? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CHILDCARE EXPENSES**

**Do you pay for child care which enables you or another family member to work or go to school?**

**TRANSPORTATION EXPENSES**

 **Do you own your own vehicle? YES NO If no, who helps you with transportation?**

 **If yes, who pays your car notes and insurance?**

**How much per month? Who pays for maintenance, gas, upkeep, etc.?**

**How much per month?**

**UTILITY ASSISTANCE**

**Do you pay for Gas, Water, & Electric, Telephone? YES NO**

**Does anyone pay them when your get behind? YES NO**

**If yes: NAME HOW OFTEN HOW MUCH $**

**ADDRESS**

**DISABLED AND HANDICAPPED FAMILIES ONLY**

**Do you pay for a care attendant or any equipment (such as: wheelchair, care attendant, ramps, special
equipment, etc.) necessary for any member of your household to permit that person or someone else in
the family to work? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ELDERLY AND DISABLED FAMILIES ONLY**

**Do you have Medicare? If yes, give premium.**

**Do you have any other kind of medical insurance?**

**Give policy number and agent's name.**

**Do you receive medical assistance from Welfare?**

**Do you have any outstanding medical bills?**

**Do you have any out-of-pocket medical expenses such as pharmacy prescriptions, doctor's visits, or**

**dental expenses, transportation to and from doctors, in-home care, etc?**

**Do you expect to have any medical expenses?**

**COMMENTS/ADDITIONAL INFORMATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**WARNING! Title 18 Section 1001 of the United States Code, states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States. Do you understand? \_\_\_\_YES \_\_\_\_ NO**

**APPLICATION CERTIFICATION: I/We certify that the information given to the Mississippi Regional Housing Authority VII on household composition, income, net family assets, and allowances and 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.**

**Signature of Head: \_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Spouse: \_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Representative of PHA: \_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**NOTE TO APPLICANTS: If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National Toll-free Hot Line at 1-800-424-8590.**

**Reasonable Accommodation: If you require Reasonable Accommodation, please contact Mrs. Alice Bishop in our office at (601)-684-9503, Ext 7012 (or)** **alice\_bishop@mrha7.org****.**

[**www.mississippirelay.com**](http://www.mississippirelay.com) **- Dial 711 (or) TTY 1-800-582-2233 – www.federalrelay.us**

 