

SECTION 8 PORT APPLICATION

Aberdeen Housing Authority 2324 3rd Avenue SE Aberdeen, SD 57401

Phone: 605-226-2321 Fax & TTY: 605-225-8220

| First and Last Name PHONE NUMBER | Street | City | State | Zip Code |
|-------------------------------------|--------|------|-------|----------|
|-------------------------------------|--------|------|-------|----------|

EACH QUESTION MUST BE ANSWERED COMPLETELY.

| <u>Adults Legal Name (First, Middle, Last)</u> | <u>Relation To Head</u> | <u>Age</u> | <u>Sex</u> | <u>Birthdate</u> | <u>Birthplace</u> |
|--|-------------------------|------------|------------|------------------|-------------------|
| 1. _____ SS# _____ | _____ | _____ | _____ | _____ | _____ |
| 2. _____ SS# _____ | _____ | _____ | _____ | _____ | _____ |
| 3. _____ SS# _____ | _____ | _____ | _____ | _____ | _____ |

| <u>Children Legal Name: (First & Last) (Living in Household-full-time)</u> | <u>Relation To Head</u> | <u>Age</u> | <u>Sex</u> | <u>Birthdate</u> | <u>Birthplace</u> |
|--|-------------------------|------------|------------|------------------|-------------------|
| 4. _____ SS# _____ | _____ | _____ | _____ | _____ | _____ |
| 5. _____ SS# _____ | _____ | _____ | _____ | _____ | _____ |
| 6. _____ SS# _____ | _____ | _____ | _____ | _____ | _____ |
| 7. _____ SS# _____ | _____ | _____ | _____ | _____ | _____ |
| 8. _____ SS# _____ | _____ | _____ | _____ | _____ | _____ |
| 9. _____ SS# _____ | _____ | _____ | _____ | _____ | _____ |

Are all family members a U.S. Citizen: () Yes () No If no, please list names of non-citizens: _____

PLEASE COMPLETE FOR EACH FAMILY MEMBER

*** NOTE: If you list "6" for race, please enter all race codes that apply.**

Family Member Number 1: Race _____ Ethnicity _____ Elderly Status _____

Family Member Number 2: Race _____ Ethnicity _____ Elderly Status _____

Family Member Number 3: Race _____ Ethnicity _____ Elderly Status _____

Family Member Number 4: Race _____ Ethnicity _____ Elderly Status _____

Family Member Number 5: Race _____ Ethnicity _____ Elderly Status _____

Family Member Number 6: Race _____ Ethnicity _____ Elderly Status _____

Family Member Number 7: Race _____ Ethnicity _____ Elderly Status _____

RACE: 1=White
2=Black
3=American Indian/
Native Alaskan
4=Asian
5=Pacific Islander
6=Multi Racial

ETHNICITY: 1=Hispanic
2=Non-Hispanic

ELDERLY STATUS: 0=Non-Elderly
1=62 or Older
2=Disabled

If a student (full time/part time) please list family member and name of school attending _____

ASSETS

| <u>ASSET</u> | <u>YES</u> | <u>NO</u> | <u>FAMILY MEMBER</u> | <u>NAME OF INSTITUTION</u> | <u>CURRENT BALANCE</u> | <u>INTEREST EARNED</u> |
|-----------------------------|------------|-----------|----------------------|----------------------------|------------------------|------------------------|
| Checking Account | () | () | _____ | _____ | \$ _____ | \$ _____ |
| Savings Account | () | () | _____ | _____ | \$ _____ | \$ _____ |
| Money Market/CD'S | () | () | _____ | _____ | \$ _____ | \$ _____ |
| Contract for Deed | () | () | _____ | _____ | \$ _____ | \$ _____ |
| Government Bonds | () | () | _____ | _____ | \$ _____ | \$ _____ |
| Stocks and Securities | () | () | _____ | _____ | \$ _____ | \$ _____ |
| Real Estate, incl. Farmland | () | () | _____ | _____ | \$ _____ | \$ _____ |

INCOME

Please check "Yes" or "No" for each category. Complete the name of each source and the amount per month or year.

| <u>Source of Income:</u> | <u>Yes</u> | <u>No</u> | <u>Family Member</u> | <u>Name of Source</u> | <u>Amt</u> | <u>Per</u> | <u>Total</u> |
|-------------------------------------|------------|-----------|----------------------|-----------------------|----------------|------------|--------------|
| Social Security | () | () | _____ | _____ | _____ | Mo. | _____ |
| SSI | () | () | _____ | _____ | _____ | Mo. | _____ |
| Disability Payments | () | () | _____ | _____ | _____ | Mo. | _____ |
| Private Retirement Benefits | () | () | _____ | _____ | _____ | Mo. | _____ |
| Pension Funds or Annuities | () | () | _____ | _____ | _____ | Mo. | _____ |
| Veteran's Benefits | () | () | _____ | _____ | _____ | Mo. | _____ |
| Military Pay | () | () | _____ | _____ | _____ | Mo. | _____ |
| Unemployment Insurance | () | () | _____ | _____ | _____ | Mo. | _____ |
| Self Employment | () | () | _____ | _____ | _____ | Mo. | _____ |
| Lease Income/Casino Earnings | () | () | _____ | _____ | _____ | Mo. | _____ |
| TANF | () | () | _____ | _____ | _____ | Mo. | _____ |
| Child Support | () | () | _____ | _____ | _____ | Mo. | _____ |
| Wages | () | () | | Hours/Week_____ | Wage/Hour_____ | | \$_____ |
| Family Member: _____ | | | | | | | |
| Employer's Name: _____ Phone: _____ | | | | | | | |
| Address: _____ | | | | | | | |

CHILD CARE EXPENSE if head of household & spouse are (is) employed weekly or a student (s):

Name of Child Care Provider: _____ Weekly Rate: _____ Hrly Rate: _____
 Name of Child (ren): _____
 IF ANY, Amount of Reimbursement: \$ _____ By Whom: _____

THE APPLICATION MUST BE COMPLETELY FILLED OUT AND SIGNED. FAILURE TO DO SO MAY DELAY PROCESSING YOUR APPLICATION.

Certification of Information

WARNING: Title 18, Section 1001 of the United States Code, states that a person who knowingly and willingly makes false statements to any Department or Agency of the U.S. government is guilty of a felony.

I understand that any misrepresentation or failure to disclose information requested in this application may disqualify me from consideration for admission or participation, and may be grounds for eviction or termination of assistance.

I do hereby certify that the above information is true, accurate, and complete to the best of my knowledge.

Applicant Signature

Date

Co-applicant Signature

Date

Other member over 18

Date