



Saint Joseph County Housing Authority

Housing Choice Voucher Program Intake Questionnaire

For office use only:
Date: _____
Time: _____
Family Size: _____
Voucher Size: _____
SJCHA Rep: _____

GENERAL

Applicant Name		
Current Address		Length Lived There:
Mailing Address		
Previous Address		Length Lived There:
Phone	Cell	Work
Are you relocating to this area? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, why?		

Legal Name	Relation to Head of Household	Birth Place	Gender	Age	Birth Date	Social Security Number	Race / Ethnicity
Race: White (W), Black/African American (B), Asian (A), American Indian (AI) Ethnicity: Hispanic (H), Non Hispanic (NH)							
1.	Head						/
2.							/
3.							/
4.							/
5.							/
6.							/
7.							/
8.							/

9. Do you have custody of all those listed above that are under 18 years old? Yes No N/A
10. Does anyone live with you not listed above? Yes No
11. Does anyone plan to live with you in the future not listed above? Yes No
12. Are any members of your household temporarily or permanently absent (e.g. school, military)? Yes No
 If yes, When do you expect them to return? _____

DISABILITIES

1. Do you or any member of your household claim a disability? Yes No
2. Do you or any member of your household receive Supplemental Security Income (SSI)? Yes No
- If yes, please explain any special housing needs required for the disability.
- _____
- _____

3. Do you pay for a care attendant or for any equipment for the disabled member of the family?
 Yes No
- If yes, describe Expenses:

MARITAL STATUS / HISTORY

Head of Household:

Have you ever been married? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, How many times:	Maiden Name:
---	-------------------------	--------------

Other Adult:

Have you ever been married? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, How many times:	Maiden Name:
---	-------------------------	--------------

Other Adult:

Have you ever been married? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, How many times:	Maiden Name:
---	-------------------------	--------------

Other Adult:

Have you ever been married? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, How many times:	Maiden Name:
---	-------------------------	--------------

	Household Member	Name	Date
Separated			
Divorced			
Divorced			
Divorced			

Absent Parent:

Family Member	Parent Name	Address	Last Date Contacted

Notes:

HOUSING HISTORY

1. What are your current living circumstances? (Check all that apply)

- Rental Unit
- Subsidized Housing
- Living with family or friends
- Homeless Shelter
- Unsafe Housing
- Other _____

2. How many people currently live in the unit? _____

3. How many bedrooms? _____

4. Are you being evicted? Yes No

5. Have you ever had governmental subsidized housing assistance? Yes No

If yes, When & Where? _____

If yes, do you owe outstanding rent or damages from occupancy with government assistance? Yes No

If yes, to who and How much do you owe? _____

GENERAL INFORMATION

1. Is anyone in your household attending school or training classes under a Pell Grant or financial aid?

- Yes No

2. Are you enrolled in school or training classes? Yes No

If yes, explain _____

3. What programs or services in the community are you involved in or receive monthly assistance from?
(Project Independence, Workforce Development, WIC, Head Start, etc.)

4. Do you or anyone in the household receive Medicaid or Medicare? Yes No

INCOME

1. It is very important for us to list all sources of income you receive. Omissions may be regarded as willful misrepresentation and may result in denial or termination of assistance. Do you understand?

Yes No

Employment

*If currently employed, give Employment Verification Form

Family Member	Employer's Name	Start Date	Hours per Week	Yearly Income	Monthly Income
				\$	\$
				\$	\$
				\$	\$
				\$	\$

	YES	NO
2. If not currently employed, do you expect to work in the next 12 months?		
3. Is your employment through a temporary agency? If yes, what agency? _____		
4. Are you signed up for work through a temporary agency?		
5. Are you employed seasonally?		
6. Are you on leave of absence from a job (temp layoff, medical, maternity)? Length of leave: _____		
7. Do you receive worker's compensation? If yes, How much per week \$ _____ Total to receive \$ _____		
8. Do you receive unemployment benefits? If yes, How much per week \$ _____ Total to receive \$ _____		

Child Support

10. Do you receive child support? Yes No

If no, Do you expect to receive child support? Yes No

Name of Child	Name of Parent	Amount
		\$
		\$
		\$
		\$

*WHA will need a current print out from the Child Support Office

Social Security / Supplemental Security Disability Insurance

11. Do you receive Social Security or Supplemental Security Disability Insurance? Yes No

If yes:

Name of Person	Monthly Amount	Monthly Amount	Yearly
		\$ x 12 =	\$
		\$ x 12 =	\$
		\$ x 12 =	\$
		\$ x 12 =	\$

Pension

12. Do you receive a Veteran's Pension? Yes No

13. Do you receive any Pension? Yes No

If yes:

Name of Person	Monthly Amount	Monthly Amount	Yearly
		\$ x 12 =	\$
		\$ x 12 =	\$
		\$ x 12 =	\$
		\$ x 12 =	\$

Assistance

14. Do you receive Temporary Aid to Needy Families (TANF)? Yes No

If no, Do you expect to receive TANF? Yes No

If yes:

Family Member Received For	Monthly Amount	Monthly Amount	Yearly
		\$ x 12 =	\$
		\$ x 12 =	\$
		\$ x 12 =	\$
		\$ x 12 =	\$

13. Do you receive Food Stamps? Yes No

If no, Do expect to receive Food Stamps? Yes No

If yes:

Monthly Amount		Yearly
\$	x 12 =	\$
\$	x 12 =	\$
\$	x 12 =	\$

CASH ASSISTANCE

1. Do you receive monthly assistance from friends or family members to pay for needed items (e.g., diapers, paper products, phone, utility bill, food, etc)? Yes No

If yes:

Receives Assistance With	Assistance Received From	Amount Received
		\$
		\$
		\$

2. Do you receive assistance from organizations, foundations, or the Trustee on a monthly basis? Yes No

If yes:

Receives Assistance With	Organization Received From	Amount Received
		\$
		\$
		\$
		\$

3. Have you received a lump sum of money in the past 12 months (Social Security Benefits, Retirement, Pension, 401K, insurance settlement, inheritance, or tax return)? Yes No

If yes:

Source	Amount	Date	Use of Funds
	\$		
	\$		

ASSETS

1. Do you have a savings or checking account? Yes No

If yes:

Bank	Account #	Current Balance
		\$
		\$
		\$

2. Do you have any other assets (e.g. Retirement, Pension, 401K, Health-Life Insurance, IRA, Death Benefits and /or House)? Yes No

If yes,

Source	Total Value/Amount	Annual Income from Asset
	\$	
	\$	
	\$	
	\$	

EXPENSES

1. Monthly Amount Owed:

Rent	\$
Electric	\$
Gas	\$
Sewage/ Water	\$
Trash	\$

Car Payment	\$
Car Insurance	\$
Gasoline/Transportation	\$
Health Insurance	\$
Rent A Center	\$
Garnishments	\$
Child Support	\$
Other	\$

Child Care*	\$
Personal – hair, nails, etc.	\$
Medical	\$
Medicine	\$

Laundry	\$
Paper Products/Cleaning	\$
Diapers	\$
Pet Expenses	\$

Food	\$
Telephone	\$
Internet	\$
Cable TV	\$

*WHA will need child care verification/Medical Receipts?

2. Do you owe on any outstanding medical bills? Yes No If yes:

To Whom	Amount Owed
	\$
	\$
	\$

To Whom	Amount Owed
	\$
	\$
	\$

NOTES:

BACKGROUND CHECK

If yes to any of the below, please explain in comment box.

	YES	NO
1. Have you or any member of your household ever been arrested or convicted for any reason?		
2. Have you ever been accused, or convicted of being addicted to a controlled substance?		
3. Are you currently using a controlled substance or engaged in the illegal use of drugs?		
4. Have you ever used or been known by another name?		
5. Have you or any member of your household ever used a social security number other than the one you are currently using?		

Comments:

6. Are you or someone in your household a recent victim of domestic violence? Yes No

If yes,

Name of Abuser	Address

* If yes, have head of household sign the Domestic Violence Form

I _____ hereby certify that I have been asked the above questions and the answers I gave are true and complete to the best of my knowledge. I understand that any false or fraudulent statements or willful omissions may be regarded as willful misrepresentation and may result in the denial or termination of my rental assistance. I understand that submittal of false statements or information are punishable under federal law.

Head of Household Signature	Date

Other Adult Signature	Date

Other Adult Signature	Date

Other Adult Signature	Date

Data/Section8/Forms.WHA/Intake Application Package/Application

