



HOUSING AUTHORITY
OF SAN ANGELO
420 E 28th ST
San Angelo TX 76903
(325) 481-2500 Fax (325) 481-2506

Certification Form

Applicant Name _____
 Current Mailing Address _____
 City/State/Zip _____
 Home Phone (____) _____ - _____ Work No (____) _____ - _____
 Mobile No (____) _____ - _____ Message No (____) _____ - _____
 Email Address: _____

PART 1: HOUSEHOLD COMPOSITION

Starting on the first line for the Head of Household, please supply the following information for all adults and children that will live in the assisted unit. List other adults first, then children in order from oldest to youngest. Please use the codes listed below for Box 2 reporting the relationship to the head of household for each adult and child listed.

H=Head of Household K=Co-Head (not married) Y=Youth under 18 L=Live-in Aide
 S=Spouse (married) F=Foster Child/Adult E=Full time student Over 18 A=Other Adult

1. Head of Household Full Name (as is on SS card)	2. Relation H	3. Date of Birth	4. Age	5. Sex	6. Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No
7. Race (check one) <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Mixed	8. Ethnicity (check one) <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic		9. Social Security Number		
1. Member Full Name (as is on SS card)	2. Relation	3. Date of Birth	4. Age	5. Sex	6. Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No
7. Race (check one) <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Mixed	8. Ethnicity (check one) <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic		9. Social Security Number		
1. Member Full Name (as is on SS card)	2. Relation	3. Date of Birth	4. Age	5. Sex	6. Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No
7. Race (check one) <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Mixed	8. Ethnicity (check one) <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic		9. Social Security Number		
1. Member Full Name (as is on SS card)	2. Relation	3. Date of Birth	4. Age	5. Sex	6. Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No
7. Race (check one) <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Mixed	8. Ethnicity (check one) <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic		9. Social Security Number		
1. Member Full Name (as is on SS card)	2. Relation	3. Date of Birth	4. Age	5. Sex	6. Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No
7. Race (check one) <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Mixed	8. Ethnicity (check one) <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic		9. Social Security Number		
1. Member Full Name (as is on SS card)	2. Relation H	3. Date of Birth	4. Age	5. Sex	6. Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No
7. Race (check one) <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Mixed	8. Ethnicity (check one) <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic		9. Social Security Number		
1. Member Full Name (as is on SS card)	2. Relation H	3. Date of Birth	4. Age	5. Sex	6. Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No
7. Race (check one) <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Mixed	8. Ethnicity (check one) <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic		9. Social Security Number		

PART 2: HOUSEHOLD CHARACTERISTICS

1. Does anyone live with you now that is not listed on the previous page? Yes No
2. Does anyone plan to live with you in the future who is not listed on the previous page? Yes No
 Explain if you answered yes to either question: _____

3. Please identify any special housing needs your household has. _____

4. How many people live in your unit now? _____ How many bedrooms do you have? _____
5. Do you wish to move? Yes No
 If yes, why? _____
6. Are you now living in a federally subsidized housing unit? Yes No
7. Have you ever participated in the Certificate or Voucher Program? Yes No
 If yes, where and when? _____
8. Have you ever lived in Public Housing? Yes No
 If yes, when and where? _____
9. Have you ever been evicted from Public Housing, Indian Housing, a Section 23 or Section 8 Program? Yes No
 If yes, where and when? _____
10. Have you ever been arrested for illegal use of a controlled substance or activities related to the abuse of alcohol? Yes No
11. Name and address of current landlord: _____ Phone: _____
12. Your current physical address: _____
 Dates you lived there: from _____ to _____
13. Name and address of previous landlord: _____ Phone: _____

PART 3: ASSET INFORMATION

Please list all checking, savings, and other bank accounts, stocks, bonds, CD's, trusts, real estate and cash held by any family member regardless of age.

Family Member Name (Asset holder)	Type of Account	Account Number	Current Balance	Name & Address of bank, CU, etc.
	1. _____	_____	\$ _____	Name _____
	2. _____	_____	_____	Address _____
	3. _____	_____	_____	City/State/Zip _____
			Phone# _____	Fax# _____
	Type of Account	Account Number	Current Balance	Name & Address of bank, CU, etc.
	1. _____	_____	\$ _____	Name _____
	2. _____	_____	_____	Address _____
	3. _____	_____	_____	City/State/Zip _____
		Phone# _____	Fax# _____	
	Type of Account	Account Number	Current Balance	Name & Address of bank, CU, etc.
	1. _____	_____	\$ _____	Name _____
	2. _____	_____	_____	Address _____
	3. _____	_____	_____	City/State/Zip _____
		Phone# _____	Fax# _____	

1. Does any member of your household receive income from assets, including interest on checking or savings accounts, interest and dividends from certificates of deposit, stocks or bonds, or income from rental property? Yes No
2. Does any member of your household own real estate or any assets for which you receive no income? (checking account, cash)? Yes No
3. Has any member of your household sold or given away real property or other assets, including cash, valued at more than \$2,000 in the past two years? Yes No

PART 4: INCOME INFORMATION FOR ASSISTED HOUSEHOLD

- 1. Does any member of your household work full-time, part-time or seasonally? Yes No
- 2. Does any member of your household expect to work for any period during the next year? Yes No
- 3. Does any member of your household work for someone who pays them cash? Yes No
- 4. Does any member of your household expect a leave of absence from work due to layoff, medical, maternity or military leave? Yes No
- 5. Does any member of your household currently receive or expect to receive unemployment benefits? Yes No
- 6. Does any member of your household currently receive or expect to receive child support? Yes No
- 7. Does any member of your household have an entitlement to receive child support that he/she is not now receiving? Yes No
- 8. Does any member of your household currently receive or expect to receive alimony/spousal support? Yes No
- 9. Does any member of your household have an entitlement to receive alimony/spousal support that is not currently being received? Yes No
- 10. Does any member of your household currently receive or expect to receive TANF? Yes No
- 11. Does any member of your household currently receive or expect to receive any type of Social Security Benefits Yes No
- 12. Does any member of your household currently receive or expect to receive income from a pension, retirement, or annuity? Yes No
- 13. Does any member of your household currently receive or expect to receive regular contributions from organizations or from individuals not living in the unit? Yes No

Please list ALL gross income (before taxes) for each family member in the boxes below. The top larger boxes are for working income, worker’s compensation, student loans/grants, military pay, regular contributions from outside individuals or agencies, barter income, and online business or professional income. Other specific types of income information will be listed in the smaller labeled boxes below. If you have any income that is not addressed here, please ask where to report it.

<u>Name of Family Member receiving the income</u>	<u>Gross Payment</u>	<u>Frequency</u>	<u>Name and Address of Source</u>	
	\$ _____	_____	Name _____	
			Address _____	
			City/State/Zip _____	
			Phone# _____ Fax _____	
<u>Name of Family Member receiving the income</u>	<u>Gross Payment</u>	<u>Frequency</u>	<u>Name and Address of Source</u>	
	\$ _____	_____	Name _____	
			Address _____	
			City/State/Zip _____	
			Phone# _____ Fax _____	
Specific Type of Income	Name of person receiving income		Amount	Frequency (How often)
TANF				
SOCIAL SECURITY				
SSI				
PENSION/RETIREMENT/ANNUITY				
VETERANS BENEFITS				
UNEMPLOYMENT				
ALIMONY/CHILD SUPPORT				
SNAP/FOOD STAMPS				

PART 5: CARE PROVIDER ALLOWANCE

If the following items do not apply to your family, go to Part 6.

<p>Unreimbursed Child Care Expense If you pay (and are not reimbursed) for a care provider to care for a child under the age of 13 who is a member of your family so that an adult member of the family may work, actively seek work or attend classes, enter the name of the person who works or attends classes here _____, and provide the following information:</p> <p>Amount paid to provider \$ _____ How often _____</p> <p>Providers Name _____</p> <p>Address _____</p> <p>City/State/Zip _____</p> <p>Phone # _____ Fax# _____</p> <p>Email _____</p>	<p>Unreimbursed Disability Assistance Expense If you pay (and are not reimbursed) for care or equipment for a disabled member of your family so that either the disabled member or another member of the family may work, enter the first name of the person who works here: _____, and provide the following information:</p> <p>Amount paid to provider \$ _____ How often _____</p> <p>Providers Name _____</p> <p>Address _____</p> <p>City/State/Zip _____</p> <p>Phone # _____ Fax# _____</p> <p>Email _____</p>
--	--

PART 6: MEDICAL EXPENSE ALLOWANCE

Complete only if the Head of Household, Spouse or Co-Head is age 62 or older or disabled

If you wish to claim an allowance for Medical insurance premiums, medical, dental or optical expenses, or prescription expenses, please provide the first name of the family member claiming each expense and the name and address for the provider of the service or product.

<p>Family Member First Name _____</p> <p>Expense Claimed \$ _____ Frequency _____</p> <p>Provider _____</p> <p>Address _____</p> <p>City/State/Zip _____</p> <p>Telephone# _____ Fax# _____</p> <p>Email _____</p>	<p>Family Member First Name _____</p> <p>Expense Claimed \$ _____ Frequency _____</p> <p>Provider _____</p> <p>Address _____</p> <p>City/State/Zip _____</p> <p>Telephone# _____ Fax# _____</p> <p>Email _____</p>
<p>Family Member First Name _____</p> <p>Expense Claimed \$ _____ Frequency _____</p> <p>Provider _____</p> <p>Address _____</p> <p>City/State/Zip _____</p> <p>Telephone# _____ Fax# _____</p> <p>Email _____</p>	<p>Family Member First Name _____</p> <p>Expense Claimed \$ _____ Frequency _____</p> <p>Provider _____</p> <p>Address _____</p> <p>City/State/Zip _____</p> <p>Telephone# _____ Fax# _____</p> <p>Email _____</p>

You must provide a print out from the pharmacy, signed by the pharmacist and a statement from the doctor advising the PHA of the medications that are prescribed in order to receive a deduction.

PART 7: VEHICLE INFORMATION – PUBLIC HOUSING ONLY

YEAR	MAKE	MODEL

PART 8: HEAD OF HOUSEHOLD MUST SIGN THIS FORM CERTIFYING ACCURACY OF INFORMATION PROVIDED

I certify that the information given to the Housing Authority of San Angelo on this form is true and complete to the best of my knowledge and belief. I understand that false statements or information is punishable under Federal law. I understand that false statements or information are grounds for denial or termination of housing assistance. I understand that I can be fined or imprisoned for furnishing false or incomplete information.

X _____ Date _____