



HOUSING AUTHORITY OF THE CITY OF BLOOMINGTON
1007 N. Summit Street
Bloomington, IN 47404

SECTION 8 RENTAL ASSISTANCE PROGRAM – PRE-APPLICATION

TELEPHONE (812) 339-3491
 FAX (812) 339-7177

(FOR OFFICE USE ONLY)			
DATE/TIME APPLICATION WAS RECEIVED _____		INITIALS _____	
BEDROOM SIZE _____	INCOME LEVEL _____	PREFERENCE POINTS _____	

PERSONAL INFORMATION

NAME _____
 (Last Name) (First Name) (Middle Initial)

ADDRESS _____
 (Street) (Apt #) (City)

_____ (State) _____ (Zip Code) _____ (Phone #) _____ (Alternate Phone #)

MAILING ADDRESS (If different from above) _____ Zip _____

HOUSEHOLD COMPOSITION

List all household members starting with you. Please note that children listed in this section **MUST** reside in the assisted household at least 51% of the time; verification may be requested by the housing authority. If additional room is needed, attach additional paper. All information is required. **Do not** enter "see attached" or "on file" for any requested information.

NAME: Last, First, Middle Initial	Social Security Number	Relationship to Head of Household	Date of Birth	Age	Sex	US Citizen Y/N	Legal Non-Citizen Y/N
		HEAD/SELF					

RACE & ETHNICITY (Not mandatory. For HUD statistical purposes only, check all that apply.)

- American Indian/ Alaska Native
 Asian
 Black
 Hispanic
 Hawaiian/ Pacific Islander
 White

HOUSEHOLD INCOME

All income coming into the household must be entered in this section. This includes wages from employment, unemployment, Social Security, SSI, SSDI, SSW, SSS, TANF, food stamps, pension/retirement benefits, alimony, child support, family support, and all other sources of income for **all** household members.

- Employment SS/SSI Child Support Unemployment TANF Food Stamps
 Family Support Other

Monthly Gross Income of the Household*: \$_____.

*This is the total monthly income, before deductions, of all family members that will be living in your unit.

WAITING LIST PREFERENCES: (check all that apply to you, verification required at time of admission).

- Monroe County Resident Owen, Greene, Lawrence, Morgan, Brown County Resident
 Working Full Time (35+ hours/week) Working Part Time (20-34 hours/week)
 Head of Household and Spouse are both Elderly and/or Disabled Veteran
 Any member of Household is Elderly (62 and older) Any member of Household is Disabled

If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact the BHA at 812-339-3491.

PROGRAM INTEGRITY:

Has any household member ever been terminated from a HUD-assisted housing program? Yes No
If Yes: Who? _____ When? _____ Where? _____

Does any household member owe any money to any Public Housing Authority? Yes No

Has any household member been arrested for any reason in the past 12 months? Yes No

Is any household member subject to a lifetime state sex offender registry in any state? Yes No

By signing below, I certify that all information I have provided is true and correct to the best of my knowledge. I understand that any misrepresentation of information or failure to disclose information requested on this pre-application may disqualify me from consideration for admission or participation, and may be grounds for eviction or termination of assistance. I understand that knowingly supplying false or inaccurate information is punishable under Federal and State criminal law. I also understand that it is my responsibility to notify the Bloomington Housing Authority in writing of any change in family composition, family income, or family contact information within ten (10) days of the date of change.

Signature Head of Household Date Signature of Other Adult Date

Signature Other Adult Date Signature of Other Adult Date