Provo City Housing Authority
688 West 100 North
Provo, UT 84601

Application for Housing Assistance

Phone: 801-900-5676
Fax: 801-373-6560 www.provohousing.org

PROVO CITY HOUSING AUTHORITY

This Shaded Box for Housing Authority Use Only

Application Entered By: _____

Date: _____ Time: _____ am/pm

Receipt #: _____

Unit Size: ☐ Senior ☐ Two BD ☐ Three BD ☐ Four BD

Provo Priority: ☐ Yes ☐ No

This application must include a copy of **each Social Security Card** for every person listed on the application, or the application is incomplete. Incomplete applications are not put on the waiting list. After returning your completed application, with copies of Social Security Cards, please keep your receipt as your proof of application.

Do you wish to apply for: ☐ **Public Housing** ☐ **Housing Choice Vouchers** ☐ **Senior Owned Housing** ☐ **All Lists**

1. Head of Household Contact Information (Print Clearly)

(Full Name)	(Email)
(Address) (Apt #)	(Home Phone)
(City) (State) (Zip Code)	(Work/Cell/Message Phone)

2. Household Information: *If a member of your household is pregnant, please add "expecting" under "Full Name" and the due date under "Birth Date."

Full Name *	Relationship	Birth Date	Birth Place	Gender	Race	Disabled	Social Security Number
	Head of Household	/ /		M / F		Y / N	- -
		/ /		M / F		Y / N	- -
		/ /		M / F		Y / N	- -
		/ /		M / F		Y / N	- -
		/ /		M / F		Y / N	- -
		/ /		M / F		Y / N	- -
		/ /		M / F		Y / N	- -
		/ /		M / F		Y / N	- -
		/ /		M / F		Y / N	- -
		/ /		M / F		Y / N	- -

3. Income Information: List income amount for each household member and the source of income, for example: wages, retirement benefits, unemployment benefits, Social Security Income, disability benefits, child support, food stamps, financial assistance, welfare benefits, General Assistance, student loans or grants, gifts or donations, etc.

Household Member	Source of Income	Amount	Per
			Week / Month / Year
			Week / Month / Year
			Week / Month / Year
			Week / Month / Year

4. Other: Please answer each question.

Are you currently employed in the city of Provo?	☐ Yes ☐ No
Is any adult (18+) member of your household a student?	☐ Yes ☐ No
Do you currently receive Social Security or General Assistance?	☐ Yes ☐ No
Are you homeless? (must be verified by a Service Agency)	☐ Yes ☐ No
How did You Hear about the Housing Authority?	

EQUAL HOUSING OPPORTUNITY

Provo City Housing Authority does not discriminate based on race, color, creed, national origin, religion, disability, sex, sexual orientation, gender identity, age (over 40), military status, whistle blower retaliation, or familial status in admission or access to its programs.
Equal Opportunity Employer.
If you need to request a reasonable accommodation, contact the PCHA at 801-900-5676 TTY: 711 Fax: 801-373-6560

If you are applying for the Housing Choice Voucher waiting list only, please skip Sections 5 & 6 and finish with Section 7, Applicant Certification.

5. Landlord History: Please provide contact information for two previous landlords. Please Note: Failure to provide complete and accurate information on rental history or other attempts to provide fraudulent information by listing friends or family as a current and/or previous landlord will result in process deferral or ineligibility.

(Name)				(Name)			
(Address)				(Address)			
Phone:	Dates of Residency			Phone:	Dates of Residency		

6. History

Have you or any household member been evicted from a rental unit?	☐ Yes ☐ No
If yes, please explain:	
Have you or any household member vacated a rental unit without giving notice to the landlord?	☐ Yes ☐ No
If yes, please explain:	
Have you or any household member vacated a rental unit still owing money for rent/damages to the unit?	☐ Yes ☐ No
If yes, please explain:	
Have you or any family member been arrested or convicted of a crime?	☐ Yes ☐ No
If yes, please explain:	

Have you or any adult member of your household ever participated in a housing program or other type of subsidy program?

☐ Yes ☐ No If yes:	Name & Location of Agency:	☐ Public Housing ☐ Section 8 Housing Choice Voucher ☐ Other _____	Dates Participated

7. Applicant Certification: Please read each section, then initial and sign. If you have any questions about any of these statements, please ask the receptionist. **Initial Here**

a. I certify that all the information provided above is true and complete, and I understand that by signing this document, I authorize the Housing Authority to verify all information. I also understand that any false information provided to the Housing Authority is considered fraud, is a felony, and is subject to prosecution under both Federal and State laws. _____

b. I understand that it is my responsibility to keep the Housing Authority updated in writing of any changes such as Provo residency, income, or household status which might affect my standing on the waiting list. I understand that if the Housing Authority does not have record of my current address, my application will be withdrawn from the waiting list. _____

c. I have attached a readable copy of each Social Security Card for every member of my household listed on this application. I understand that applications missing copies of Social Security Cards are incomplete, and will not be placed on the waiting list. _____

_____ _____

Signature of Head of Household **Date**

After completing this application, please hand deliver or send by mail to:

Provo City Housing Authority
688 West 100 North - Provo, Utah 84601
Applications can also be emailed to contact@provohousing.org

Partially finished applications **or applications missing copies of Social Security Cards are incomplete** and will not be accepted, will not be returned to applicant, and will not be placed on any waiting list.

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Exp. (02/28/2019)

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:
Mailing Address:
Telephone No: **Cell Phone No:**
Name of Additional Contact Person or Organization:
Address:
Telephone No: **Cell Phone No:**
E-Mail Address (if applicable):
Relationship to Applicant:
Reason for Contact: (Check all that apply) ☐ Emergency ☐ Unable to contact you ☐ Termination of rental assistance ☐ Eviction from unit ☐ Late payment of rent ☐ Assist with Recertification Process ☐ Change in lease terms ☐ Change in house rules ☐ Other: _____
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.

☐ Check this box if you choose not to provide the contact information.

Signature of Applicant	**Date**

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.