FOR PHA USE ONLY
Date/Time: _____ Application Number: _____

MCCOOK HOUSING AGENCY APPLICATIONFOR ALL RENTAL ASSISTANCE SITES

This form must be completed by the Head of Household. You must use the **Legal Names** for each member of your household **as it appears on their Social Security Card.**
*******ALL ADULTS 18 YEARS AND OLDER MUST SIGN THIS FORM*******

Head of Household: _____ Any other Name used: _____
Address: _____
City, State, Zip: _____
Phone Number: _____ Email: _____

Spouse or Co-Head: _____ Any other Name used: _____
Phone number: _____ Email: _____

GENERAL INFORMATION

HUD's Definition of a disabling condition is: a physical, mental, emotional, or developmental impairment, or an HIV/AIDS diagnosis, that is expected to be long-continuing or of indefinite duration and substantially impedes the ability to live independently and could be improved by suitable housing.

Head is (Circle One): 0= non elderly 1= 62 or Older 2= Disabled/Handicapped

Spouse or Co-Head is (Circle One): 0= non elderly 1= 62 or Older 2= Disabled/Handicapped

Does anyone in the household have a person/attorney who is designated as your Conservator, Guardian or Power of Attorney? [ ] Yes [ ] No

If yes, list their name, address & telephone number: _____

*****Please bring the POA paperwork for us to copy for your file. *****

HOUSEHOLD COMPOSITION AND CHARACTERISTICS

List the Head of Household and all other members who will be living in the home. List all adults, 18 yrs. & older first, followed by children living with you in the home. **Include unborn with the due date.**

FIRST, MIDDLE & LAST NAME	DATE OFBIRTH	RELATIOSHIP TO HEAD OF HOUSEHOLD	SOCIAL SECURITY #	PLACE OF BIRTH (City and State)
Head		SELF		
2.				
3.				
4.				
5.				
6.				

INCOME INFORMATION

List **ALL** monies **earned** or **received** by everyone living in your household. This includes income from wages, self-employment, child support, Social Security, disability payments, Workman's Compensation, retirement benefits, TANF, Veteran's benefits, income from rental property, stocks, dividends, alimony, unemployment, any online sales, gaming, surveys, or other money-making Apps not listed. **OTHER SOURCES:** anyone giving you money on a regular basis OR paying a bill for you on a regular basis is counted as income and needs to be listed.

Name	Source of Income	Hourly rate of pay & number of hours worked per pay period.

Does anyone outside your household pay for any of your bills or give you any money? [ ] Yes [ ] No
If yes, list below:

1. Name:_____ 2. Name:_____

Address:_____ Address:_____

Phone:_____ Phone:_____

List the name(s) of absent parent(s) of your child/children as follows:

1. Name:_____ 2. Name:_____

Address:_____ Address:_____

Phone:_____ Phone:_____

Is any household member a student or enrolled in a college, trade school, etc.? [ ] Yes [ ] No

Name of College:_____

ASSET INFORMATION

List all checking, savings, cash cards/debit cards and on-line accounts. Retirement Accounts, CD's, Stocks, Bonds, Money Market funds, Life insurance etc. (Cash Apps, Venmo, Pay Pal, etc.)

Name	Bank Name & Address	Type of Account

Do you own a Car? [ ] Yes [ ] No Type:_____

Do you own a second Car? [ ] Yes [ ] No Type:_____

Do you or any household member own a house or other real estate, or mobile home? [ ] Yes [ ] No

If yes, address:_____

Have you or any other household member sold a home or real estate in the past two years? [ ] Yes [ ] No

If yes, please explain:_____

Do you have any other personal property held as an investment such as gems, jewelry, collection(s), antique car(s), boat(s), etc.? [ ] Yes [ ] No

If yes what kind:_____

Have you sold or given away any assets or monies in the past two years? [ ] Yes [ ] No

If yes, please explain:_____

Have you or any member of the household ever been charged or convicted of **ANY** crime other than a traffic violation? [ ] Yes [ ] No If yes, what's the charge? _____

_____

Is any household member subject to a sex offender registration requirement in **ANY** State? [ ] Yes [ ] No

List **ALL** states that each adult family member has resided in:_____

_____

Does anyone in the Household have an animal? [ ] Yes [ ] No

If yes, do you have this animal because of a disability? [ ] Yes [ ] No

- ***Refer to page 1 of the application for the HUD definition of a disability***
- ***If yes, we will need documentation from your physician or a reliable source***
- ***An online physician/documentation will not be accepted***

What service does this animal provide? _____

Animal Type:_____ Animal Name:_____

ATTENTION:

We allow a maximum of two animals. **Only one may be a cat or a dog.** Cats and dogs are required to be current on vaccinations & spay or neuter are required if moving on site at McCook Housing Agency.
Signing of Animal Regulation, Requirements & Permit will be issued at move in.

RENTAL INFORMATION
This portion is required to be completed

Have you or any household member lived in or been assisted with any type of assisted housing? Yes [ ] No [ ]

If yes, list where and when: _____

Present Landlords Name & Address:

_____

Names and addresses of two previous Landlords (Non-Relatives):

1. Name:_____
   Address:_____
   Phone:_____

2. Name:_____
   Address:_____
   Phone:_____

FAMILIES WITH CHILD CARE EXPENSES FOR CHILDREN 12 yrs. AND YOUNGER

Who do you pay to watch your children while you're at work or at school?

1. Name:_____
   Address:_____
   Phone:_____

2. Name:_____
   Address:_____
   Phone:_____

If the Department of Health and Human Services, an absent parent or **ANY** other party pays a portion of your childcare expenses? [ ] Yes [ ] No

1. Name:_____
   Address:_____
   Phone:_____

2. Name:_____
   Address:_____
   Phone:_____

Complete This Page Only If Applicable
If you or any member of your household is **elderly (62 years of age or older), handicapped, or disabled**, please complete this page.

If **no one in your household** meets any of these criteria, **skip this page**.

1. Do you or any member of your household require a unit with handicap accessibility? Yes [ ] No [ ]

2. Are there any special housing requirements/reasonable accommodations necessary? Yes [ ] No [ ]
What accommodations do you need: _____

_____

3. Do you pay for a care attendant or any equipment for the handicapped member(s) of the family necessary to permit that person or for someone else in the family to work? [ ] Yes [ ] No
If yes, please explain: _____

_____

4. Do you have Medicare? Yes [ ] No [ ]

5. Do you receive any medical assistance through Dept. of Health and Human Services? Yes [ ] No [ ]

List any paid out of pocket medical expenses. For health insurance plan(s), doctor, medical, vision or dental appointments in the past 12 months; If you have prescriptions you have paid for; AND you are Elderly, Handicapped, or Disabled:

List all Health Ins., Medical, Vision, and Dental Care providers you have paid and include addresses:

_____

_____

_____

_____

_____

_____

_____

_____