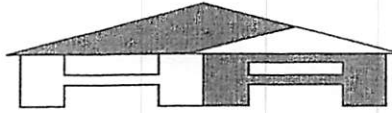


**Board Members**

Angie Morris, Chair  
Dave Tuckett, Vice-Chair  
Amy Allred  
Steve White  
Bill Lee



Housing Authority of Utah County  
240 E Center Street, Provo, Utah 84606-3162  
Fax 801 373-2270

Lynell Smith  
Executive Director

Hours: 7:30 am – 5:30 pm  
Mon - Thursday Closed Friday

Applicant:

As you are considering applying for the Section 8 Housing Choice Voucher program, please consider the following:

**APPLICATIONS CAN BE FILLED OUT AND SUBMITTED ONLINE AT: [www.housinguc.org](http://www.housinguc.org)**

**APPLICATIONS CAN BE PRINTED ONLINE AT: [www.housinguc.org](http://www.housinguc.org)**

**APPLICATIONS CAN BE PICKED UP AT: 240 E CENTER STREET IN PROVO, UT**

**APPLICATIONS CAN BE MAILED TO YOU BY CALLING: 801-373-333 EXT 101**

1. You must fill in the preliminary application completely. Anyone over age of 18 in the household must sign all forms accompanying this application.
2. If there are 2 or more children in the household you may request a True North application as well as Section 8 if you are interested in living in one of the units that the Housing Authority owns and manages.
3. We do not assist in Provo. If you currently live in Provo and intend to continue living there, please contact Provo City Housing Authority located at 650 W 100 N in Provo, UT 84601; phone: 801-852-7080.
4. Please be advised that our agency has the right and will perform a background check as required for eligibility.

Families and individuals that legally reside in the United States and fall within the following low-income guidelines are eligible for assistance.

# IN FAMILY	ANNUAL INCOME
1	\$26,150
2	\$29,900
3	\$33,650
4	\$37,350
5	\$40,350
6	\$43,350
7	\$46,350
8	\$49,350

Families and individuals with income levels in excess of the income as established by HUD (very low income limit listed above) do not qualify for Section 8 Voucher Assistance.

# PRELIMINARY APPLICATION

**PLEASE COMPLETE THIS FORM AND RETURN TO:**

Housing Authority of Utah County  
 240 East Center Street  
 Provo, UT 84606

		Office Use Only							
Received/ Revised	Unit Size	Preference							
_____	___	T	P1	P2	P3	P4	P5	P6	P7
_____	___	T	P1	P2	P3	P4	P5	P6	P7
_____	___	T	P1	P2	P3	P4	P5	P6	P7

Legal address if different from mailing address

Note: If your legal or mailing address changes, you must notify this office to maintain your waiting list status.

Evidence of legal address claimed at time of application must accompany this form when returned. Acceptable evidence includes copy of driver's license or other official document listing head of household, spouse or co-head at claimed legal address. Preliminary Applications returned without evidence of legal address cannot be accepted.

## Part 1: Head of Household

<b>Social Security Number</b>	_____	<b>Ethnicity</b> (Check One Box)	<input type="checkbox"/> Hispanic/Latino
<b>Date of Birth</b>	____/____/____		<input type="checkbox"/> Not Hispanic/Latino
<b>Sex</b>	<input type="checkbox"/> Female <input type="checkbox"/> Male	OR	
<b>Home Telephone</b>	____-____-____	<b>Race</b> (Check All That Apply)	<input type="checkbox"/> White
<b>Other Telephone</b>	____-____-____		<input type="checkbox"/> Black/African American
<b>Other Telephone Type</b>	<input type="checkbox"/> Work <input type="checkbox"/> Other Specify: _____		<input type="checkbox"/> American Indian/ Alaska Native
<b>E-mail Address</b>	_____		<input type="checkbox"/> Asian
<input type="checkbox"/> I would like to receive correspondence via e-mail.			<input type="checkbox"/> Native Hawaiian/Other Pacific Islander
<b>Do you qualify for a reasonable accommodation due to a disability?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		<small>Racial and ethnic data for statistical purposes only.</small>

## Part 2: Household Information

List information for adults first, then children under age 18. Use "F" or "M" to indicate sex. If a household member qualifies for a reasonable accommodation due to a disability select "Y", if not, select "N." List relationship of each person to the Head of Household. Attach additional sheet if family has more than ten members.

First Name	MI	Last Name	Social Security #	Date of Birth	Sex	Disabled	Relationship
_____	___	_____	_____	____/____/____	___	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	___	_____	_____	____/____/____	___	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	___	_____	_____	____/____/____	___	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	___	_____	_____	____/____/____	___	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	___	_____	_____	____/____/____	___	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	___	_____	_____	____/____/____	___	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	___	_____	_____	____/____/____	___	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	___	_____	_____	____/____/____	___	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	___	_____	_____	____/____/____	___	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	___	_____	_____	____/____/____	___	<input type="checkbox"/> Y <input type="checkbox"/> N	_____

Please Continue to Part 3



**PRELIMINARY APPLICATION**

**Part 3: Family Income and Assets**

List total gross income (before taxes) and payments received by each family member age 18 and older for wages, military pay, pensions, social security, SSI, welfare, child support, unemployment, business, profession or any other source. Include payments made to family members 18 or older on behalf of other family members under age 18.

<u>First Name</u>	<u>Gross Income</u>	<u>How Often</u>	<u>If Income is from Wages</u> <u>List Address of Employer</u>
_____	\$ _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	_____
_____	\$ _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	_____
_____	\$ _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	_____
_____	\$ _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	_____
_____	\$ _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	_____

List total cash value and total income received for assets owned by all family members.

<u>Type of Asset</u>	<u>Cash Value of Asset</u>	<u>Income Received from Asset</u>
Checking Accounts	\$ _____	\$ _____
Savings Accounts	\$ _____	\$ _____
Stocks, Bonds, CDs, Investment	\$ _____	\$ _____
Real Estate	\$ _____	\$ _____
Other	\$ _____	\$ _____

**Part 4: Eligibility and Preferences**

Your response to the following statements will help determine your eligibility for rental assistance and if you are entitled to a preference when placed on the program's waiting list. Select each item that applies to your current status.

- Y N Is the head of household or spouse/co-head a victim of domestic violence within the last 180 days?
- Y N Do you currently have minor children in your household?
- Y N Are you age 62 or older?
- Y N Have you recently been discharged from an institutional setting (jail, mental health facility, nursing homes, etc)?

**Part 5: U.S. Citizenship Notification and Certification**

Housing may be contingent upon the submission and verification of evidence of citizenship or eligible immigration status prior to the time housing is made available. Based on the evidence submitted at that time, assistance may be prorated, denied or terminated following appeals and informal hearing processes.

I certify that the information on this form is true and complete to the best of my knowledge and belief. I understand that I can be fined up to \$10,000, or imprisoned up to five years if I furnish false or incomplete information.

X \_\_\_\_\_ Date \_\_\_\_\_



# DECLARATION OF CITIZENSHIP

Tenant ID

May 31, 2018

PLEASE COMPLETE THIS FORM AND RETURN TO: Housing Authority of Utah County  
240 East Center Street  
Provo, UT 84606

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Part 1: Applies to All Family Members

Each person who will benefit under the Section 8 Rental Assistance Program must either be a citizen or national of the United States, or be a noncitizen who has eligible immigration status that qualifies them for rental assistance as determined by the U.S. Department of Housing and Urban Development and the U.S. Immigration and Naturalization Service.

**One box on this form must be checked for each family member indicating status as a citizen or a national of the United States, or a noncitizen with eligible immigration status. Family members residing in the unit to be assisted that do not claim to be a citizen or national of the United States, or do not claim to be a noncitizen with eligible immigration status should not check any box.**

All adults must sign where indicated. For each child who is not 18 years of age, the form must be signed by an adult member of the family residing in the dwelling unit who is responsible for the child. Use blank lines to add family members who are not listed.

First Name	Last Name	Age	I am a citizen or national of the U.S.	or	I am a noncitizen with eligible immigration status.	Signature of Adult Listed to the left, or Signature of Guardian for Minors.
_____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	X _____
_____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	X _____
_____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	X _____
_____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	X _____
_____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	X _____
_____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	X _____
_____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	X _____
_____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	X _____
_____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	X _____

**Warning - Title 18 US Code Section 1001 states that a person is guilty of a felony for knowingly and willingly making a false or fraudulent statement to any department or agency of the United States. If this form contains false or incomplete information, you may be required to repay all overpaid rental assistance you received; fined up to \$10,000, imprisoned for up to 5 years; and/or prohibited from receiving future assistance.**

**NOTE: Family members who have checked a box indicating that they are a noncitizen with eligible immigration status must complete Part 2 of this form.**

**Part 2: Applies to Noncitizen Family Members Only**

All family members who have claimed eligible immigration status on Part 1 of this form must provide this office with an original of one of the following documents:

- (1) Form I-551, Alien Registration Receipt Card
- (2) Form I-94, Arrival-Departure Record with appropriate annotations or documents
- (3) Form I-688, Temporary Resident Card
- (4) Form I-688B, Employment Authorization Card
- (5) A receipt issued by the INS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and the applicant's entitlement to the document has been verified.

Please call at \_\_\_\_\_ to arrange for delivery and copying of original documents.

Do not mail original documents to this office.

If documents are not presented and verified, your family's rental assistance may be reduced, denied, or terminated as provided in regulations promulgated by the U.S. Department of Housing and Urban Development, pending available appeals processes.

**Head of Household Certification**

As head of household I certify, under penalty of perjury, that all members of my household are listed on Part 1 of this form and that members of my household that have not checked either box on Part 1 of this form do not claim to be citizens or nationals of the United States, or noncitizens with eligible immigration status.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Consent to Verify Eligible Immigration Status**

Each family member required to complete Part 2 of this form must sign below granting consent to verify eligible immigration status. For each child who is not 18 years of age, the form must be signed by an adult member of the family residing in the dwelling unit who is responsible for the child.

First Name	Last Name	Age	Signature of Adult Listed to the left, or Signature of Guardian for Minors.	Office Use Only INS VERIF. #
_____	_____	_____	X _____	_____
_____	_____	_____	X _____	_____
_____	_____	_____	X _____	_____
_____	_____	_____	X _____	_____
_____	_____	_____	X _____	_____
_____	_____	_____	X _____	_____
_____	_____	_____	X _____	_____
_____	_____	_____	X _____	_____
_____	_____	_____	X _____	_____

Evidence supplied with this form may be released by the Housing Agency, without responsibility for its further use or transmission, to the Immigration and Naturalization Service for purposes of verification of the immigration status of the individual or to the U.S. Department of Housing and Urban Development, as required. The U.S. Department of Housing and Urban Development is not responsible for the further use or transmission of the evidence or other information.