

List all Household Members:

Name (Last, First, M.I.)	Relationship	Date of Birth	Sex	Social Security #

The information below is collected to assure compliance with fair housing and equal opportunity rules.

Head of Household **Ethnicity** (Check one): Hispanic/Latino Non-Hispanic/Non-Latino

Head of Household **Race** (Check one):

- | | |
|--|---|
| <input type="checkbox"/> White | <input type="checkbox"/> African-American/Black |
| <input type="checkbox"/> Native American/Alaskan Native | <input type="checkbox"/> Native Hawaiian/Pacific Islander |
| <input type="checkbox"/> Native American/Alaskan Native & White | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Native American/Alaskan Native & African-American/Black | <input type="checkbox"/> Asian & White |
| <input type="checkbox"/> African-American/Black & White | <input type="checkbox"/> Other Multi-Racial |

Income, Assets, and Deductions:

A. Income

	<u>YES</u>	<u>NO</u>
1. Are you or any other members of the household currently receiving income from any of the following sources?		
Wages/Salaries	_____	_____
If so, please list place of employment and address		

Wages earned through a government program such as Senior Aides, Older American Community Service Employment Program, Americorps	_____	_____
If yes, which program: _____		
Tips, Bonuses or Commissions, or Overtime Pay	_____	_____
Income from Operation of a Business	_____	_____
Scholarships, Educational Grants, Work Study	_____	_____
Social Security	_____	_____
If yes, enter monthly amount here \$ _____		
Disability/SSI	_____	_____
If yes, enter monthly amount here \$ _____		
State Supplementary Payment (SSP)	_____	_____
If yes, enter monthly amount here \$ _____		
Death Benefits	_____	_____
Pensions/Retirement Funds	_____	_____
Annuities or Non-Revocable Trust	_____	_____



	<u>YES</u>	<u>NO</u>
Unemployment	_____	_____
If yes, enter <i>monthly</i> amount here \$ _____		
Military Pay	_____	_____
Workman's Compensation	_____	_____
Public Assistance/TANF	_____	_____
Alimony	_____	_____
If yes, enter <i>monthly</i> amount here \$ _____		
Child Support	_____	_____
If yes, enter <i>monthly</i> amount here \$ _____		
Income from Rent or Sale of Property	_____	_____
Periodic Payments from Lottery Winnings	_____	_____
Regular Recurring Contributions from Persons or Agencies outside of Household	_____	_____
Insurance Policies	_____	_____
Severance Pay	_____	_____
Other _____	_____	_____
Did you or any other members of the household file a Federal Tax Return last year?	_____	_____

2. Are there any adult members of the household (18 years of age or older) receiving income not listed above? _____
- If yes, specify the source of income _____

B. Assets:

1. Do you or any other members of the household have any of the following:

	<u>YES</u>	<u>NO</u>
Please list the financial institution next to applicable account(s)		
Checking Accounts	_____	_____
Savings Accounts	_____	_____
Certificates of Deposit	_____	_____
Money Market Funds	_____	_____
IRA/Keogh Accounts	_____	_____
Stocks	_____	_____
Bonds	_____	_____
Treasury Bills	_____	_____
Trust Funds	_____	_____
If yes, is the Trust irrevocable?	_____	_____
Real Estate	_____	_____



- | | <u>YES</u> | <u>NO</u> |
|--|------------|-----------|
| Whole Life or Universal Life Insurance Policies | _____ | _____ |
| Cash held in Safety Deposit Boxes or Home | _____ | _____ |
| Assets held in another State or Foreign Country | _____ | _____ |
| Other _____ | _____ | _____ |
| 2. Have you or any other members of the household received any lump sum payments, such as: | | |
| Inheritance | _____ | _____ |
| Lottery Winnings | _____ | _____ |
| Insurance Settlements | _____ | _____ |
| Other _____ | _____ | _____ |
| 3. Have you or any other household members disposed of any asset(s) for less than fair market value in the past two years? | | |
| If yes, please list: _____ | _____ | _____ |
| 4. Do you or any other household members have any assets that are held jointly with another person? | _____ | _____ |

C. Deductions:

- | | <u>YES</u> | <u>NO</u> |
|--|------------|-----------|
| 1. Are there any fulltime students 18 years of age or older in the household? | _____ | _____ |
| 2. Is any household member elderly (age 62 or older) or a Person with disabilities? | _____ | _____ |
| 3. Do you have medical expenses that are not paid for by an outside source such as insurance? | _____ | _____ |
| 4. Do you have disability expenses that are not paid for by an outside source: | | |
| If yes, is this service necessary to enable a family member (including the member with a disability) to be employed? | _____ | _____ |
| 5. Do you have attendant care expenses? | | |
| If yes, is this service necessary to enable a family member (including the member with a disability) to be employed? | _____ | _____ |



- | | <u>YES</u> | <u>NO</u> |
|---|------------|-----------|
| 6. Do you currently pay for childcare services for any children under the age of 13 residing in your household? | _____ | _____ |
| If yes, is this service necessary in order for you to be employed or to attend school? | _____ | _____ |
| If yes, are any of these expenses reimbursed by an outside source? | _____ | _____ |

Eligibility:

- | | | |
|--|-------|-------|
| 1. Marital Status: _____ Single / _____ Married / _____ Separated / _____ Divorced | | |
| 2. I have a family member who is absent from the home due to: | | |
| Employment | _____ | _____ |
| Military Service | _____ | _____ |
| Placement in Foster Care | _____ | _____ |
| Temporarily in Nursing Home or Hospital | _____ | _____ |
| Permanently confined to Nursing Home | _____ | _____ |
| Away at School | _____ | _____ |
| Other: _____ | _____ | _____ |
| 3. I have a live-in attendant | _____ | _____ |
| 4. Expected changes in household: | | |
| Baby due on _____ | _____ | _____ |
| Adopting a child(ren) on _____ | _____ | _____ |
| Obtaining custody of a child(ren) on _____ | _____ | _____ |
| Obtaining joint custody of a child(ren) on _____ | _____ | _____ |
| Receiving a foster child(ren) on _____ | _____ | _____ |

I (we) certify that the information given to the Pennsylvania Housing Finance Agency on household composition, income, net family assets, and allowances and deductions is accurate and complete to the best of my/our knowledge and belief. The Pennsylvania Housing Finance Agency is authorized to release this information to its agents, state and federal agencies, or to its partners in providing affordable housing.

I/we understand that making false statements to authorities or providing misinformation regarding potential qualification for state or federal assistance are grounds for termination of housing assistance and may be punishable under state or federal law as a violation of 18 P.S. Section 4904 et seq or 18 U.S.C. Section 1001, 31 USC Section 3729, et seq.

_____	_/_/____	_____	_/_/____
Head of Household	Date	Co-head of Household	Date
_____	_/_/____	_____	_/_/____
Other Adult Household Member	Date	Other Adult Household Member	Date

Note to applicants:

If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National Toll-free Hot Line at 1.800.424.8590 or the Pennsylvania Human Relations Commission at 717.787.4087.

