

PART III: INCOME

Complete this form for each household member age 18 and older. Please attach additional sheets if needed. List the amount received in the past 30 days.

HEAD OF HOUSEHOLD Last Name:	First Name:	MI:
Household MEMBER Last Name:	First Name:	MI:
Name of Employer:	Employer Phone Number:	
Type of Work: <input type="checkbox"/> Self-employed <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal <input type="checkbox"/> None		

The household member will need to provide documentation for each type of income claimed. If the household member has no income or has income identified below that cannot be documented, the member must complete the **Declaration of Income Statement**.

TYPE OF INCOME	RECEIVING INCOME		AMOUNT PER MONTH
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Wages or salary before deductions	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
TANF	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Net income from self employment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Net income from farm income	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Social Security (SS)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Social Security Disability Insurance (SSDI)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Supplemental Security Income (SSI)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Railroad retirement	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Unemployment pay	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Strike benefits from union funds	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Worker's compensation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Training stipends	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Alimony	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Military family allotments	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Private pension	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Government or military retirement pay	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Insurance or annuity payments	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Dividends or interest received	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Net rental income	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Net royalties, trust or estate income	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Net gambling/lottery winnings	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
SUBTOTAL (FOR OFFICE USE ONLY)			

TYPE OF INCOME	RECEIVING INCOME		AMOUNT PER MONTH
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Capital gains	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Assets drawn down from the bank	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Sale of property (car, house)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
One time payment from welfare	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Tax refund	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Gift or loan from friend, family, church	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Lump sum inheritance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
One time insurance payments	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
One time compensation from injury	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Non-cash benefits from employer	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Food or housing in lieu of wages	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Housing assistance or combat pay from the military	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
VA benefits	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Value of food and fuel produced & consumed on farm	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Child support payments	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
College scholarships, Pell grants or other Income for college	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Imputed value of rent from owner occupied non-farm or farm housing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Federal non-cash benefit (Medicare/caid, Food Stamps, school lunch program)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
SUBTOTAL (FOR OFFICE USE ONLY)			
TOTAL INCOME (FOR OFFICE USE ONLY)			

PART IV: ASSET INFORMATION

Please list all checking, savings, other bank accounts, stocks, bonds, CDs, trust, real estate and cash held by any family member (regardless of age).

Family Member: First Name	Type of Account	Acct. #	Current Balance	Name of Financial Institution
	1. _____	_____	_____	_____
	2. _____	_____	_____	_____
	3. _____	_____	_____	_____
	1. _____	_____	_____	_____
	2. _____	_____	_____	_____
	3. _____	_____	_____	_____
	1. _____	_____	_____	_____
	2. _____	_____	_____	_____
	3. _____	_____	_____	_____

**DECLARATION OF NO INCOME
(DECLARACION DE INGRESOS)**

I, _____ do hereby declare on _____ that:
(Yo) (Applicant's Name/Nombre del Solicitante) (declaro que en esta fecha) (date)

I have no documented proof of income due to the following:
(No tengo documentación que compruebe mis ingresos por la siguiente razón)

I am applying for assistance with the City of Arlington.
(Deseo aplicar para recibir asistencia de la agencia: City of Arlington)

My household consists of _____ persons and the following household members, 18 years and older that have earned the following gross income during the 30 day period prior to the date of this application for assistance.
(En mi hogar viven _____ personas. Los siguientes miembros de mi hogar tienen 18 años de edad o más y, durante los últimos 30 días antes de llenar esta aplicación, han recibido ingresos. Indique el nombre y los ingresos de cada miembro)

Name/ Nombre _____	Gross Amount/ Ingresos _____

My **household's gross income**, for all household members 18 years and older, for the **30 day period** prior to the date of the application for assistance is \$ _____; and my **household's gross annualized income** based on the **30 day period** prior to the date of this application is \$ _____.

(El **total de los ingresos de mi hogar durante los últimos 30 días** antes de la fecha de esta aplicación es de \$ _____, y representa los ingresos para todos los miembros de mi hogar que tienen 18 años de edad o más.); (El ingreso anual de mi hogar basado en los últimos 30 días antes de la fecha de mi aplicación es de \$ _____)

I certify that the above information for the income of all household members 18 years and older is true and correct to the best of my knowledge and belief. I understand that the information will be verified to the extent possible; and that I may be subject to prosecution for providing false or fraudulent information.

(Certifico que la información de ingresos proveída de los miembros de mi hogar que tienen 18 años o más es verdadera y correcta según mi saber y entendimiento. Comprendo que la información proveída en esta aplicación será verificada hasta donde sea posible y que puedo ser enjuiciado por haber proveído información falsa o fraudulenta.)

Applicant Signature/Firma

Date/Fecha

Caseworker Names/Signature

Date/Fecha

Housing Coordinator

Date/Fecha

PART V: ELIGIBILITY FOR HOMELESS PREVENTION OR HOMELESS ASSISTANCE

The Homeless Housing and Services Program (HHSP) assists persons who are at risk of eviction / becoming homeless to assist them to retain their current housing through the provision of financial assistance and case management. HHSP also assists persons who are currently homeless.

Please complete **EITHER** the HOMELESS PREVENTION **OR** the HOMELESS ASSISTANCE section below that best meets your circumstances.

- Homeless Prevention - currently reside in a house and seeking assistance to prevent eviction.
- Homeless Assistance - currently homeless and needing assistance

HOMELESS PREVENTION ELIGIBILITY

- Reside in Arlington, Texas
- Have received either:
 - Eviction notice
 - Letter from landlord about eviction
- Have no other resources or support network to prevent homelessness.

Please provide the reason that you are unable to pay your rent and/or utilities:

If you are assisted for a short period of time (3 months or less), please identify how you will be able to pay your rent / utilities after the assistance ends.

Participants approved for assistance must agree to participate in case management. Please sign below acknowledging your willingness to participate in case management.

Printed Name of Applicant

Signature of Applicant

Date

HOMELESS ASSISTANCE ELIGIBILITY
--

Please check the box that describes your circumstances.

1. An individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:
- i. An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park abandoned building, bus or train station, airport, or camping ground
 - ii. An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements; or
 - iii. An individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution;
2. An individual or family who will imminently lose their primary nighttime residence, provided that:
- i. The primary nighttime residence will be lost within 14 days of the date of application for homeless assistance;
 - ii. No subsequent residence has been identified; and
 - iii. The individual or family lacks the resources or support networks needed to obtain other permanent housing;
3. Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who:
- i. Are defined as homeless under other federal programs as described in 24 CFR 576.2
 - ii. Have not had a lease, ownership interest, or occupancy agreement in permanent housing at any time during the 60 days immediately preceding the date of application for homeless assistance;
 - iii. Have experienced persistent instability as measured by two moves or more during the 60 day period immediately preceding the date of applying for homeless assistance; and
 - iv. Can be expected to continue in such status for an extended period of time because of chronic disabilities, chronic physical health or mental health conditions, substance addiction, histories of domestic violence or childhood abuse, the presence of a child or youth with a disability, or two or more barriers to employment, which include the lack of a high school degree or GED, illiteracy, low English proficiency, a history of incarceration or detention for criminal activity, and a history of unstable employment; or
4. Any individual or family who:
- i. Is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or family member, including a child that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence;
 - ii. Has no other residence; and
 - iii. Lacks the resources or support networks to obtain other permanent housing.

Participants approved for assistance must agree to participate in case management. Please sign below acknowledging your willingness to participate in case management. I certify that the above information is true and complete.

Printed Name of Applicant

Date

Signature of Applicant

DOCUMENTATION OF EFFORTS TO OBTAIN ASSISTANCE

This form must be completed if HOMELESS ASSISTANCE ELIGIBILITY 2 OR 4 were selected above.

Participant Name: _____ Signature: _____

I certify that I have attempted to obtain assistance within Tarrant County at the locations named below:

Other Agencies Contacted (churches, charitable organizations, etc.)			
Agency:			
Result:			
Agency:			
Result:			
Agency:			
Result:			
Emergency Shelter			
Name:			
Reason this housing is not an option for my family:			
Friend/Relative			
Name:			
Result:			
Name:			
Result:			
Name:			
Result:			
Hotel / Motel			
Name:			
Room Rate per night: \$			
Reason this housing is not an option for my family:			
Apartment Complex / Property Manager Company / Landlord			
Name:			
Monthly Rent Amount: \$			
Bedroom Size:			
Reason this housing is not an option for my family:			
Date Applied for Housing Choice Voucher (Section 8) Program in the Following Areas:			
Arlington Housing	Date:	Haltom City Housing	Date:
Tarrant Counting Housing	Date:	Other:	Date:
Fort Worth Housing	Date:	Other:	Date:
Grapevine Housing	Date:	Other:	Date:

I, the undersigned, do hereby certify that the information provided above is complete, true and correct to the best of my knowledge, and I do hereby authorize the staff of the Arlington Housing Authority to verify the information included in this application to approve eligibility by whatever means necessary, including but not limited to wages, pensions, investments, and residency. I further certify that this property is not owned or managed by a blood relative or a relative by marriage.

I further authorize the Arlington Housing Authority to contact my landlord or agent of the property owner for the purpose of determining program eligibility or to discuss any information provided in this application.

It is understood that this authorization is granted for the sole purpose of certifying eligibility for the Arlington Housing Authority, and that all information acquired in this regard will remain confidential.

I also understand that if my application is denied for any reason, I may request in writing a review of the decision within seven (7) business days of notification of denial.

Printed Name of Applicant

Signature of Applicant

Date

WARNING: It is a criminal offense to make willful false statements or misrepresentations to any department or agency of the United States Government as to any matter within its jurisdiction (Section 1001 of Title 18, U.S. code)