



## INFORMATION FORM FOR RENTAL ASSISTANCE BENEFITS

Do you need assistance in completing this form? Yes      No  
 What language other than English do you prefer when completing this application? \_\_\_\_\_

Please complete all sections of this form and ANSWER all questions. DO NOT leave any questions blank. If you do not understand a question, you may ask for an explanation.

**WARNING: Making false statements on this document is considered FRAUD and may result in TERMINATION from the program and CRIMINAL PROSECUTION.**

### Part 1. Contact Information – Head of Household (HOH)

Last Name	First Name	E-mail Address
Street Address	Apt Number	Cell Phone Number (   )
City	Zip Code	Home Phone Number (   )

### Part 2. Household Composition

List **ALL** the people living in your home. If you need more space, please use a separate sheet of paper and attach it to this form. List the Head of Household first followed by spouse/co-head then oldest to youngest household members.

When designating Race and Ethnicity use the following codes:

**Race:** 1=White; 2=Black/African American; 3=American Indian/Alaska Native; 4=Asian; 5=Native Hawaiian/Other Pacific Islander  
**Ethnicity:** H = Hispanic and NH = non-Hispanic

Full Name As it appears on Social Security Card	Sex	Birth Date month/day/year	Relationship to Head of Household	Place of Birth	Disabled (Y or N)	Race	Ethnicity
1)			SELF				
2)							
3)							
4)							
5)							
6)							
7)							
8)							
9)							

Are any children who are part of the household subject to joint custody agreement? Yes      No

Are any members of the household foster children or foster adults? Yes      No

### Part 3. Student Status

List all household members of your household age 18 or older who attend school (high school, community college, college, university, trade or professional school). If you need more space, use the back of the form.

Check here if no one in your household age 18 or older attends school.

Student Name	Part time or Full time Student?	School Name and Address	Financial Aid Amount	Type of Degree

## Part 4. Employment Information

List each job held by a household member aged 18 or older regardless of whether the job is part-time, full-time, temporary, self-employed or military pay. If you need additional space, use the back of this form.

Check here if no one in your household age 18 or older is currently employed.

Household Member Name	Employer Name	Employer Address	Amount Paid & Frequency <small>weekly, bi-weekly, twice month or month</small>
			\$ per
			\$ per
			\$ per
			\$ per

## Part 5. Other Income Information

List all income sources that are not from employment for ALL household members including social security (SS & SSI), disability, death benefits, unemployment, worker's compensation, child support, alimony, retirement/pension, annuities, veteran benefits, TANF, and regular monetary contributions. If you need additional space, use the back of this form.

Check here if no one in your household has other sources of income.

Household Member Name	Income Type	Income Provider Name	Amount Paid & Frequency <small>weekly, bi-weekly, twice month or month</small>
			\$ per
			\$ per
			\$ per
			\$ per

## Part 6. Asset Information

List all assets including checking, savings, money market, certificate of deposit, stocks, bonds, retirement/pensions, IRAs, Keogh, and trust accounts for all household members. If you need additional space, use the back of this form.

Check here if no one in your household has any asset accounts.

Household Member Name	Asset Type	Financial Institution Name	Account Number	Account Balance

Does anyone in your household have a life insurance policy with a cash value? Yes No

Has anyone in your household received a lump sum payment such as an inheritance or insurance settlement? Yes No

Does anyone in your household own or have an interest in real property (land, residential or business property)? Yes No

Does anyone in your household own any personal property as an investment (collections, jewelry, gold, etc.)? Yes No

Has anyone in your household sold or given away an asset (real or personal property) in the last two years? Yes No

Does anyone in your household own personal property such as a car, motor home, camper, boat, etc.? Yes No

Household Member Name	Personal Property Type	Description <small>(Year, Make &amp; Model)</small>	Fair Market Value

## Part 7. Child Care Expense Information

List childcare expenses for any child in your household 12 or younger.

Check here if you do not pay childcare expenses.

Household Member Name	Income Type	Income Provider Name	Amount Paid & Frequency <small>weekly, bi-weekly, twice month or month</small>
			\$ per
			\$ per

## Part 8. Medical Expense Information

Is the head of household, spouse or co-head age 62 and older or disabled? If you check the box, list medical expenses for all household members that are not reimbursed from another source. The expenses may not be claimed if it is covered by insurance. Examples include co-pays, health insurance premiums, hospital bills, doctor bills, prescriptions, etc. If you need more space, use the back of this form.

Check here if you do not pay any medical expenses.

Household Member Name	Expense Type <small>Co-pay, Health Insurance Premium, Hospital bill, Doctor, Prescription</small>	Provider Name	Amount Paid & Frequency <small>weekly, bi-weekly, twice month or month</small>
			\$ per
			\$ per
			\$ per
			\$ per
			\$ per

## Part 9. Disability Assistance Information

Is anyone in the household disabled? If you checked the box, list disability expenses for all disabled household members. Examples include wheelchairs, ramps, vehicle adaptations, etc. If you need more space, use the back of this form.

Check here if you do not pay any medical expenses.

Household Member Name	Expense Type <small>Co-pay, Health Insurance Premium, Hospital bill, Doctor, Prescription</small>	Provider Name	Amount Paid & Frequency <small>weekly, bi-weekly, twice month or month</small>
			\$ per
			\$ per
			\$ per
			\$ per
			\$ per

Are you or anyone in your household subject to registration as a Lifetime Sex Offender in any state? Yes No

If yes who: \_\_\_\_\_

Have you or any member of your household ever committed fraud while receiving Federal Assisted Housing? Yes No

Have you ever been evicted from a federally assisted unit? Yes No

## Part 10. Contact

List below a designated contact person. By listing a designated contact, you are authorizing the Prince William County Office of Housing and Community Development to notify this contact regarding actions taken regarding your participation in the Housing Choice Voucher Program, this person may be contacted to provide copies of notices regarding actions to take place regarding your Housing Choice Voucher or requesting verifications and/or exchanging necessary information for eligibility determination. Examples of Contacts may include therapist, social worker, clergy, friend, etc.

Check here if you do not wish to select a contact person.

Name	Relationship	Phone	Email	Address

If you or a member of your household is a person with a disability and requires a reasonable accommodation to participate in the Prince William County Office of Housing and Community Development (OHCD) Housing Choice Voucher Program submit your request to your Housing Program Analyst. OHCD prefers that your request be submitted in writing to better establish a record of the request; however, if you are unable to submit a written request for a reasonable accommodation, you may make your request by calling your Housing Program Analyst at the phone number provided to you.

**CERTIFICATION OF THE FAMILY**

I/We hereby certify under penalty of perjury that all the information contained in this document is true and complete to the best of my/our knowledge. I/We understand that false statements or information are punishable under Local and Federal Law and are grounds for denial of assistance, termination of assistance and termination of tenancy. **I understand that ALL changes in the income of ANY household member must be reported to Prince William County Office of Housing and Community Development (PWC OHCD) within 10 business days of the change.**

Your Housing Program Analyst **MUST APPROVE ANY** additional household members before they reside in the unit. The current Public Housing Administrative (PHA) Plan states: Families must request PHA approval to add a new family member, live-in aide, foster child, or foster adult. This includes any person not on the lease who is expected to stay in the unit for more than 30 consecutive days or 90 cumulative days within a 12-month period and therefore no longer qualifies as a “guest.” Requests must be made in writing and approved by the PHA prior to the individual moving into the unit. OHCD will only approve new household members who are live-in aides, foster children, foster adults, minor children, and spouse by marriage. No adult children with or without children, or adult friends can be added to the household.

The head of household must request **in writing** to add any members. **Failure to comply with the rules and regulations may result in termination from the program and criminal prosecution.**

**I/We have read and understood a copy of the Statement of Family Obligations and Briefing Declaration. I/We hereby certify that I/we understand my/our responsibilities as a participant of the Housing Choice Voucher Program and my/our responsibility to report all changes to PWC OHCD and I/we further acknowledge that my/our housing assistance may be terminated and/or I/we may face criminal prosecution if I/we violate them.**

**WARNING** Title 18, Section 1001 of the United States Code states that a person is **GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS** to any department or agency of the United States. **MAKING FALSE STATEMENTS IS ALSO A FELONY UNDER THE LAWS OF THIS STATE.**

Signature of Head of Household	Date	Signature of Spouse/Co-Head	Date
Signature of Other Adult in the Household	Date	Signature of Other Adult in the Household	Date
Signature of Other Adult in the Household	Date	Signature of Other Adult in the Household	Date

**If you had anyone outside your household helping you to complete this form or assisted with translation, please provide their name and their relationship to your family.”.**

Name of Helper (Printed)	Signature of Helper	Relationship to Family	Date
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Housing Program Analyst Notes :

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**Housing Program Analyst Signature**

**Date Reviewed**