AGENCY NAME: _____ PROGRAM: _____

Registration / Eligibility Form

WARNING: The information provided on this form is subject to verification by HUD (The U.S. Department of Housing and Urban Development) at any time. Section 1001 of the U.S Code states that a person is guilty of a felony, and assistance can be terminated for knowingly and willingly making false, fraudulent statements or misrepresentations of income to any department or agency of the U.S Government as to any matter within this jurisdiction.

Last Name: _____ First Name: _____ Date of Birth: _____

Address: _____ Apt # ___ City: _____ State: _____ ZIP: _____

Sex	Hispanic	Race	Citizenship Status
☐ Male ☐ Female	☐ Yes ☐ No	☐ White ☐ Black/African American ☐ Asian ☐ Black/African American + White ☐ Asian + White ☐ Other (explain: _____)	☐ United States Citizen ☐ Permanent Resident *Please Attach Proof

EMERGENCY CONTACT INFORMATION

Last Name: _____ First Name: _____

Phone: _____ Relationship: _____

FAMILY INFORMATION *(Persons Living Together & Related by Birth, Marriage, or Adoption)*

	Full Name	Head of H.H	Disabled (Y/N)	Infant (0<1 year)	Child (1<13 years)	Youth (13<19 years)	Adult (19<64) years	Senior (65+ years)
1								
2								
3								
4								
5								
6								
7								
8								

Total Number of People In The Family: _____

INCOME INFORMATION *(For All Family Members & Income Sources)*

Annual Gross Family Income: $_____ *(Please check all applicable income sources & attach proof)*

☐ Family First ☐ SNAP ☐ Section 8 ☐ Social Security

☐ TANF ☐ Unemployment ☐ SSI ☐ 1040 Tax Return

CERTIFICATION / AUTHORIZATION

I hereby authorize _____ to participate in this program. I certify that to the best of my knowledge the information above is true, complete, and accurate. I agree to submit additional income information upon request if required.

_____ _____ _____

Printed Name Signature Date

For Office Use Only: ***ELIGIBILITY DETERMINATION***

The applicant's ___ person gross family income of $_____ is: ☐ Below or ☐ Above the HUD Income Limits & is thus eligible to participate in our Program.

(Please circle the family size & closest income level without exceeding limit)

HUD Income Limits *(Effective /2018)*	1 person	2 person	3 person	4 person	5 person	6 person
Extremely Low (0-30% AMI):	$20,050	$22,900	$25,750	$28,600	$30,900	$33,740
Low (Over 30% & up to 50% AMI):	$33,400	$38,200	$42,950	$47,700	$51,550	$55,350
Moderate (Over 50% & up to 80% AMI):	$50,350	$57,550	$64,750	$71,900	$77,700	$83,450

Determined By: _____ _____ _____

Printed Name Signature Date

DISCLAIMER

We do not discriminate based on race, color, national origin, religion, age, sex, disability, gender identity, marital status, or sexual orientation.

EQUAL HOUSING OPPORTUNITY