

# HOUSING AUTHORITY OF SOUTHEASTERN UTAH

Main Administrative Office  
380 N. 500 W.  
Moab, UT 84532  
Phone (435) 259-5891  
Fax (435) 259-4938 TTY  
(800) 346-4128  
Email: [ebetts@hasuhomes.org](mailto:ebetts@hasuhomes.org)

Dear Applicant:

Thank you for applying for the Housing Choice Voucher program, previously known as Section 8. If we may be of assistance such as filling out this application for you, please let us know. To qualify for the Housing Choice Voucher rental assistance program, the income of the person(s) applying must not exceed the very-low income limits of Grand and San Juan counties, as determined and set by the Department of Housing and Urban Development (HUD). Submittal of this application does not obligate you to the Housing Authority of Southeastern Utah (HASU), formerly known as the Grand County Housing Authority, in any way.

The completed application must be submitted with all information requested attached in order to be placed on the Housing Choice Voucher waiting list. The entire application must be completed in its entirety. If a section of the application does not apply to your household, write "N/A" for "Not Applicable". Once your completed and satisfactory application is received, you will be placed on the Housing Choice Voucher waiting list by date and time. The household's application will be rejected if the application is found to be fraudulent in any way.

Sincerely,  
Housing Authority of Southeastern Utah

## Application Instructions

**The following items must be attached with your application, as appropriate, at time of submission:**

- Social Security Card for Every Member of the Household
- Picture Form of Identification – State Driver’s License or Identification Card for Every Member of the Household over the Age of 18
- Most Recent Bank Statement(s)
- Verification of Income – Pay Stubs, Social Security Award Letter, etc.
- If Divorced – Copy of Divorce Decree, if applicable
- Joint Custody of Children – copy of Award of Custody, if applicable - Proof of Medical Expenses, if applicable

Income Limits by Household Size:

Household Size	1	2	3	4	5	6	7	8
FY 2024 Income Limits	\$32,100	\$36,650	\$41,250	\$45,800	\$49,500	\$53,150	\$56,800	\$60,500



Date Received: \_\_\_\_\_

## APPLICATION

### HOUSING CHOICE VOUCHER PRELIMINARY APPLICATION

**A. GENERAL INFORMATION: PLEASE PRINT**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY, STATE, and ZIP CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_

**LIST THE APPLICANT AND ALL OTHER PERSONS WHO WILL BE LIVING IN THE UNIT:**

NAME	RELATIONSHIP	DATE OF BIRTH	SEX	SOCIAL SECURITY NUMBER

Do you expect a change in your family size? **Circle One:** Yes/No If yes, what and when? \_\_\_\_\_

Is anyone in this household a full-time student? **Circle One:** Yes/No Names: \_\_\_\_\_

Is anyone in this household disabled? **Circle One:** Yes/No Names: \_\_\_\_\_

Are you or your family currently living in or fleeing from a situation where you are being subjected to or victimized by violence in the home? **Circle One:** Yes/No



**B. INCOME**

For each type of income that your household receives, give the source of income and the amount. List all income such as welfare, child support, social security, income from assets, pensions, retirement etc. **ALL INCOME WILL BE VERIFIED.**

<u>FAMILY MEMBER</u>	<u>SOURCE OF INCOME</u>	<u>MONTHLY GROSS INCOME</u>

TOTAL MONTHLY GROSS INCOME \$ \_\_\_\_\_

**C. ASSETS**

LIST ALL CHECKING AND SAVINGS ACCOUNTS AND ANY OTHER ASSET YOUR HOUSEHOLD RECEIVES:

	<u>BANK/BRANCH</u>	<u>ACCOUNT#</u>	<u>KIND OF ACCOUNT</u>	<u>BALANCE</u>
Checking Account(s)	_____	_____	_____	_____
Savings Account(s)	_____	_____	_____	_____
Money Market Account(s)	_____	_____	_____	_____
Trust Account(s)	_____	_____	_____	_____
Certificates of Deposit	_____	_____	_____	_____
IRA	_____	_____	_____	_____
Savings Bonds	_____	_____	_____	_____
Whole Life Insurance Policy	_____	_____	_____	_____

**1. Real Property:**

Do you own a home or other real estate? **Circle One:** Yes/No If yes, what? \_\_\_\_\_

Location? \_\_\_\_\_

Current Market Value? \_\_\_\_\_ Outstanding Mortgage Balance? \_\_\_\_\_

Have you sold/disposed of any business, property, or other assets in the last 2 years? **Circle One:** Yes/No

If yes, state type of property \_\_\_\_\_

Date of Sale/Disposition: \_\_\_\_\_ Market Value When Sold/Disposed of: \_\_\_\_\_

Amount Sold/Disposed for: \_\_\_\_\_



Have you sold or given away real property or other assets in the past two years? **Circle One:** Yes/No

If yes, what is the current market value of the asset? \_\_\_\_\_

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**D. MEDICAL EXPENSES**

Medical Expenses: Complete this part ONLY if head of household, spouse or minor is 62 years or older, handicapped/or disabled.

Medical Premiums: Monthly Amount: \$ \_\_\_\_\_

Medical Insurance Coverage \$ \_\_\_\_\_

Name of Company: \_\_\_\_\_ Address \_\_\_\_\_

Anticipated Medical Expenses NOT covered by Insurance OR reimbursed: Monthly Amount \$ \_\_\_\_\_

Medical Bills or Outstanding Cost which you are making monthly payments: Monthly Amount \$ \_\_\_\_\_

Medical related travel costs: Monthly Amount \$ \_\_\_\_\_

Any other medical expenses: List type and amount:  
\_\_\_\_\_ Monthly Amount \$ \_\_\_\_\_

\_\_\_\_\_ Monthly Amount \$ \_\_\_\_\_

**E. CHILDCARE EXPENSES**

**Complete for households with minors less than 13 years of age ONLY.**

Name(s) of children cared for:

Name \_\_\_\_\_ Age: \_\_\_\_\_

Name \_\_\_\_\_ Age: \_\_\_\_\_

Name of Child Care Provider, if applicable:

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

Phone: \_\_\_\_\_

Weekly cost of childcare due to employment \$ \_\_\_\_\_ Education? \$ \_\_\_\_\_



**F. PAST RENTAL HISTORY**

COMPLETE THE FOLLOWING INFORMATION ON THE PAST TWO (2) YEARS OF RESIDENCY. (Additional listing may be listed at the end of this application).

Present Address:

\_\_\_\_\_ OWN \_\_\_\_\_ RENT      How Long? \_\_\_\_\_      Dates: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip Code: \_\_\_\_\_

(If currently renting) Landlord/Owner Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Landlord/Owner Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Former Address:

\_\_\_\_\_ OWN \_\_\_\_\_ RENT      How Long? \_\_\_\_\_      Dates: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip Code: \_\_\_\_\_

(If rented) Landlord/Owner Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Landlord/Owner Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

**G. OTHER INFORMATION**

Presently Are You:

- Renting
- Own
- Living with Relative/Friend
- Homeless
- Other: \_\_\_\_\_

Marital Status:

- Married       Living with Another Adult
- Divorce
- Single
- Widowed
- Separated

Would you benefit from the features of a specially designed unit? \_\_\_\_\_ If yes, what features do you require?

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Has any member of your household ever lived in Public Housing or has received the Housing Choice Voucher Program, formerly known as Section 8 Certificates or Vouchers? **Circle One:** Yes/No If yes, state who and their relationship to you and briefly explain:

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Has any member of your household ever been terminated from the Housing Choice Voucher program, formerly known as Section 8 Certificates or Vouchers? **Circle One:** Yes/No

If yes, state who and their relationship to you and briefly explain:

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Has any member of your household ever been convicted or charged with a crime? **Circle One:** Yes/No

If yes, state who and their relationship to you and briefly explain?

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Is any member of your household currently on probation or parole? **Circle One:** Yes/No If yes, state who and their relationship to you and briefly explain:

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Please provide contact information of your probation or parole officer, if applicable:

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Are you a U.S. Citizen? **Circle One:** Yes/No If No, do you have Eligible Immigration Status? **Circle One:** Yes/No

Other names that may have been used by members of the household? \_\_\_\_\_

**IN CASE OF EMERGENCY, CONTACT:**

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

ZIPCODE: \_\_\_\_\_

Please provide the following information.

“The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Services that the Federal laws prohibiting discrimination against tenant application on the basis of race, color, national origin, religion, sex, familial status, age, and disability are complied with. You are not required to furnish this information but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you chose not to furnish it, the owner is required to note the race, ethnicity, and sex of individual applicants on the basis of visual observation or surname.”

Check One:

- Hispanic or Latino
- Non-Hispanic or Latino

Check One:

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

Check One: Gender

- Male
- Female



If you are applying for a preference, please check which preference and provide supporting documentation:

-- **Local** (live in Grand and San Juan counties at time of application)

-- **Disability** (head or spouse has a disability as defined in Section 223 of the Social Security Act [42 U.S.C. 423], or who has a developmental disability as defined in Section 102[7] of the Developmental Disabilities Assistance and Bill of Rights Act [42 U.S.C. 6001{7}]).

-- **Working** (employed for 12 consecutive months in Grand and San Juan counties)

-- **Victim of Domestic Abuse** (family has been displaced as a result of fleeing violence in the home or living in situation where they are subject to violence. Evidence can be from law enforcement or social security agencies)

Please use the space below to provide any additional information you may have:

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Everything that I/we have stated in this application is true and correct to the best of my knowledge. I/we understand that false statements are grounds for denial or termination of assistance. I understand that the Housing Authority will only retain this application and all copied support documents as required by the Department of Public Housing and Development. You are authorized to obtain information from present and former landlords and employers and to ask questions about their experience with me. You are further authorized in the future to share information about my tenancy with prospective landlords.

I/we understand that this is not a contract and does not bind either party. The above information is full, true, and complete to the best of my/our knowledge. I/we have no objectives to the above statements being verified. I/we certify that the unit will serve as the household's primary residence.

-----  
Head of Household Signature

-----  
Date

-----  
Co-Head of Household Signature

-----  
Date



# INCOME VERIFICATION

GENERAL:

I am not self-employed and have attached the following verification of sources of income:

Check Stubs from the following employer(s)

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-----  
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TANF

Social Security Benefits

Alimony

Veteran's Administration Benefits

Other (Please list):

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SELF-EMPLOYED:

I am self-employed and have attached copies of my individual federal and state income tax returns for the immediately preceding three calendar years for which such income tax returns were filed, (or, if not filed, were not required to be filed), and certify that the information shown on such income tax returns is true and complete to the best of my knowledge and that any income tax returns not filed were not required to be filed.

-----  
Signature

-----  
Date

-----  
Spouse or Other Adult Signature

-----  
Date





## UNEMPLOYED APPLICANT'S AFFIDAVIT

1. Check (a) or (b) as applicable:

\_\_\_\_(a) I am not presently employed but anticipate becoming employed within the next twelve months.

\_\_\_\_(b) I am not presently employed and do not anticipate becoming employed within the next twelve months.

2. Based on my past work experience, skills, and income history as reflected in my income tax return for the most recent tax year (copy attached) and with adjustments to reflect circumstances anticipated within the next twelve months; I expect to earn \$\_\_\_\_\_ per year when I become employed.

-----  
Applicant's Signature

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_



# ASSET VERIFICATION

I hereby grant you permission to disclose information regarding my assets to The Housing Authority of Southeastern Utah, to determine income eligibility for the Section 8 Housing Choice Voucher Program.

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Signature

-----  
Date

Please send to:  
Housing Authority of Southeastern Utah  
380 N. 500 W.  
Moab, UT 84532  
Fax: (435) 259-4938

Bank Name, Address, and Fax Number

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-----  
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Account Type

-----

Account Number

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**To Be Filled Out by Bank:**

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Type of Asset/ Account Number	Value of Asset*/ Interest Rate	Annual Income from Asset
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-----	-----	-----
-----	-----	-----
-----	-----	-----

\* If asset is a checking account, please provide 6 months average of value of asset.

-----  
Signature

-----  
Date

-----  
Title



# REQUEST FOR VERIFICATION OF EMPLOYMENT

The undersigned applicant has applied for rental assistance in a project receiving Federally Assisted funds. Income of prospective tenant must be verified.

TO:  
Name of Employer: \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Work Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_  
Applicant's Name: \_\_\_\_\_  
Applicant's Social Security Number: \_\_\_\_\_

FROM: **The Housing Authority of Southeastern Utah**  
**380 N. 500 W.**  
**Moab, UT 84532**  
**Phone: (435) 259-5891**  
**Fax: (435) 259-4938**

By signing below, I authorize verification of my employment information:

\_\_\_\_\_

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**PLEASE READ THIS INFORMATION CAREFULLY BEFORE CONTINUING:**

APPLICANT DOES NOT COMPLETE THE INFORMATION BELOW  
APPLICANT DOES NOT SEND THIS INFORMATION TO BE DONE TO EMPLOYER  
APPLICANT MUST GIVE TO THE HOUSING AUTHORITY TO SEND TO EMPLOYER ONLY

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**TO BE COMPLETED BY EMPLOYER ONLY**

Date Applicant Hired: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Date of Termination: \_\_\_\_\_

**Frequency Paid: Please check one**

- \_\_\_ Bi-Weekly (Every other week or 26 Pay Periods Per Year)
- \_\_\_ Semi-Monthly (Two times per Month or 24 Pay Periods Per Year)
- \_\_\_ Monthly (Paid once a Month, or 12 Pay Periods Per Year)
- \_\_\_ Other. Please Specify: \_\_\_\_\_

**If Paid Salary:**

\_\_\_ Amount Paid \_\_\_\_\_ Total Annual Salary Amount: \_\_\_\_\_

**If Paid Hourly Wage:**

\_\_\_ Rate of Pay Per Hour \$ \_\_\_\_\_      \_\_\_ Commissions (Estimate Per Week) \$ \_\_\_\_\_  
\_\_\_ Average Hours Per Week \_\_\_\_\_      \_\_\_ Gratuities and/or Tips (Estimate Per Week) \$ \_\_\_\_\_  
\_\_\_ Other. Please Specify: \_\_\_\_\_

Effective Date of Last Pay Increase: \_\_\_\_\_

Effective Date and Probability of Next Pay Increase: \_\_\_\_\_ How Much? \_\_\_\_\_

I hereby certify the statements above are true and complete to the best of my knowledge.

\_\_\_\_\_  
Signed  
\_\_\_\_\_  
Date

\_\_\_\_\_  
Title  
\_\_\_\_\_  
Name of Company

\_\_\_\_\_  
Telephone Number



# AUTHORIZATION FOR RELEASE OF INFORMATION

## CONSENT

I authorize and direct any Federal, State, or local agency, organization, business, or individual to release the Housing Authority of Southeastern Utah (HASU), 380 N. 500 W., Moab, Utah 84532, any information, or materials needed to complete and verify my application for participation and/or to maintain my continued assistance. I understand and agree that this authorization is or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies. I also consent for HUD or HASU to release information from my file about my rental history to HUD, credit bureaus, collection agencies, or potential landlords. This includes records of my payment history and violations of HASU policies.

## INFORMATION COVERED

I understand that, depending upon program policies and requirements, previous information regarding me or my household may be needed. Verification and inquiries that may be requested include but are not limited to the following:

Identity and Marital Status, including custody and support agencies.

Medical or Child Care Allowances

Employment, Income, and Assets

Credit and Criminal Activity

Residence and Rental Activity

Handicapped Assistance

I understand this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in housing assistance programs.

## GROUP OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release information (depending upon program requirements) include, but are not limited to the following:

Current and Past Landlords

Public of Indian Housing Agencies

Courts and Post Offices

Law Enforcement

Welfare Agencies

Veterans Administration

Banks and other Financial Institutions

Schools and College

Support and Alimony Providers

State and Private Employment Agencies

Medical and Child Care Providers

Retirement Systems

Credit Providers and Credit Bureaus

Utility Companies

## COMPUTER MATCHING NOTICE AND CONSENT

I understand and agree that HUD or HASU may conduct computer-matching programs to verify the information supplied for my application or recertification. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove that information. I consent that HASU and/or HUD may exchange information with other Federal, State, or local agencies, including but not limited to, State Employment Security Agencies, Department of Defense, Office of Personnel Management, the U.S. Postal Service, the Social Security Administration, Law enforcement agencies, and the State Welfare and Food Stamp Agencies.

## CONDITIONS

I agree that a photocopy of this authorization may be used for the purposes stated above. This authorization will stay in effect for fourteen months from the date signed.

### HEAD OF HOUSEHOLD

### SPOUSE OR OTHER ADULT

Social Security Number:

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Printed Name:

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Signature:

-----

Social Security Number:

-----

Printed Name:

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Signature:

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# BACKGROUND CHECK APPLICATION

EACH ADULT IN THE HOUSEHOLD WILL NEED TO FILL OUT A **SEPARATE FORM**  
APPLICATIONS WHICH ARE NOT COMPLETED FULLY WILL BE REJECTED  
IDENTIFICATION WILL BE REQUIRED BY MEANS OF PHOTO ID TO CONFIRM IDENTITY AND PROOF OF VALID SOCIAL SECURITY  
NUMBER BY DRIVER'S LICENSE, STATE ID, OR SOCIAL SECURITY CARD  
FILL OUT COMPLETELY AND LEGIBLY IN BLUE OR BLACK INK!

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

PREVIOUSLY USED NAME(S)(MAIDEN, ETC.): \_\_\_\_\_

MARTIAL STATUS: \_\_\_\_\_ SINGLE \_\_\_\_\_ MARRIED \_\_\_\_\_ DIVORCED \_\_\_\_\_ WIDOWED \_\_\_\_\_ SEPARATED

MAILING ADDRESS: \_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP)

DRIVER'S LICENSE #/STATE: \_\_\_\_\_/\_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ EYE COLOR: \_\_\_\_\_ HAIR COLOR: \_\_\_\_\_ SEX: \_\_\_\_\_ RACE: \_\_\_\_\_

I hereby make application to review my Criminal and Credit History record:

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



## CHILD SUPPORT AFFIDAVIT

I \_\_\_\_\_ do hereby attest to having (check appropriate box and fill-in blanks if box is checked):

One or more dependents living with me.

I receive \$\_\_\_\_\_ per month in child support for dependent(s) and I expect to receive \$\_\_\_\_\_ in child support over the next twelve months.

I do not receive child support, nor do I expect to receive child support within the next twelve months, and I have made a reasonable effort to collect child support.

One or more dependents over the age of 18 living with me.

A full-time student

Working and earning \$\_\_\_\_\_ per month.

(if this box is checked, income must be verified)

Not working and not a full-time student (explanation required)

Signed: \_\_\_\_\_ Date \_\_\_\_\_  
Tenant's Signature

