



HOUSING AUTHORITY OF SOUTHEASTERN UTAH

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

Dear Applicant:

Thank you for applying for the Veteran's Affairs Supportive Housing (VASH) Voucher program. 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 applying person(s) income must not exceed the very-low Grand and San Juan counties income limits 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 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 Housing Authority does not provide preference based on the circumstances of the household. 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 ALL Household Members
- Picture Form of Identification for ALL Household Members
- Most Recent Bank Statement
- Most Recent Paystubs (1 month worth) for ALL Working Members of the Household
- If Divorced Copy of Divorce Decree
- Copies of Social Security Award, Etc.
- Joint Custody of Children - copy of Award of Custody
- Consent to Release Information and Signed Background Check Application- We can't verify information without signed consent -copy of DD214

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: _____

APPLICATION

Veteran's Affairs Supportive Housing Voucher

VETERAN STATUS: ATTACH DD214

A. GENERAL INFORMATION: PLEASE PRINT

NAME: _____

ADDRESS: _____

MAILING ADDRESS: _____

CITY, STATE, and ZIP CODE: _____

PHONE: _____ CELL PHONE OR MESSAGE 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? _____ If yes, what and when? _____

Is anyone in this household a full-time student? Yes or No Names: _____

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.. VERIFICATION OF ALL INCOME WILL BE VERIFIED

FAMILY MEMBER	SOURCE OF INCOME	MONTHLY GROSS INCOME

TOTAL MONTHLY GROSS INCOME \$ _____



C. ASSESTS

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

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

Real Property:

Do you own a home or other real estate? _____ If yes, what and where? _____

Location? _____

Current Market Value? _____ Outstanding Mortgage Balance? _____

Have you sold/disposed of any business, property or other assets in the last 2 years? Yes or 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? _____ If yes, what is the current

Market value of the asset? _____

D. MEDICAL EXPENSE

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 neither covered by Insurance NOR 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 \$ _____

E. CHILD CARE EXPENSES

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

Name(s) of children cared for:

Name _____ Age: _____

Name _____ Age: _____

Name Child Care Provider:

Name _____ Address: _____

Phone: _____

Weekly cost of child care 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: _____

Landlord/Owner Name: _____ Phone: _____

Address: _____ City, State, Zip Code: _____

Former Address: _____ OWN _____ RENT How Long? _____ Dates: _____

Address: _____ City, State, Zip Code: _____

Landlord/Owner Name: _____ Phone: _____

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



How did you learn about this project?

- Radio
- Newspaper/Publication
- Other

Would you benefit from the features of a specially designed unit? _____ If Yes, what features do you require?

You are eligible for a \$400 Medical Deduction if you or your co-applicant are: Check all that apply:

- Handicapped or Disabled*
- Elderly (62 Years or Older)*

*Verification of Medical Deduction eligibility will be required.

Has any member of your household ever been convicted or charged with a crime? _____ If yes, briefly explain? _____

Is any member of your household currently on probation or parole? _____ If yes, briefly explain: _____

Please provide contact information of your probation or parole officer: _____

Are you a U.S. Citizen? _____ (Yes or No). If No, Do you have Eligible Immigration Status? _____

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

List all cars, trucks or other vehicles owned. (Parking will be provided for one vehicle).

Type of Vehicle: _____ Year/Make/Color: _____

Type of Vehicle: _____ Year/Make/Color: _____

Do you own any Pets? Yes ___ or No ___ If Yes, describe: _____

IN CASE OF EMERGENCY CONTACT:

NAME: _____ PHONE: _____

ADDRESS: _____ CITY: _____ STATE: _____

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
- Not-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

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

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 of Southeastern Utah will only retain this application and all copied support documents as required by the Department of Agriculture Rural 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 Signature

Date

STATEMENT OF ADULT HOUSEHOLD MEMBERS

I/We certify that all information given in this application and any addenda thereto is true, complete, and accurate. We understand that if any of this information is false, misleading or incomplete, management may decline mine or our application or, if move-in has occurred; terminate our Lease Agreement.

I/We authorize the Property to make any and all inquiries to verify this information either directly or through information exchanged now or later with rental and credit screening services, and to contact previous and current landlords or other sources for credit and verification confirmation which may be released to appropriate federal, state or local agencies.

If mine or our application is approved and move-in occurs, I/We certify that only those persons listed in this application will occupy the apartment that they will maintain no other places of residence, and that there are no other persons for whom we have or expect to have, responsibility to provide housing.

I/We agree to notify management in writing regarding any changes in household address, telephone and numbers, income and household composition.

I/We have read and understand the information in this application and I/We agree to comply with such information.

The Resident Selection Plan adhered to by the Property is available at the Management office of the property.

I/We understand if this application is placed on the Property's Application List, that I/We may request sample copies of the Rental Agreement and Occupancy Rules. If this application is approved, and move-in occurs, we certify that we will accept and comply with all conditions of occupancy as set forth therein, including specifically all conditions regarding pets, rent, damage, crime-free housing, and security deposits.

I/We authorize management to obtain one or more "consumer report" as defined in the Fair Credit Reporting Act, 15 U.S.C Section 1681 a(d), seeking information on our creditworthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living.

SIGNATURE OF HEAD OF HOUSEHOLD

DATE

SIGNATURE OF CO-HEAD

DATE

INCOME VERIFICATION

GENERAL:

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

Check Stubs from the following employers (s)

TANF

Social Security Benefits

Alimony

Veteran's Administration Benefits

Other (Please list):

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_____



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 and Address of Employer)

FROM:

Housing Authority of Southeastern Utah
380 N. 500 W.
Moab, UT 84532

Applicant's Name: _____

Applicant's Social Security Number: _____

By signing below I authorize verification of my employment information:

DO NOT COMPLETE THE INFORMATION BELOW

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

Title

Date

Telephone Number

Name of Company

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.

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

Account Type

Account Number

To Be Filled Out by Bank:

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

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

Signature

Date

Title

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 rule and policies. I also consent for HUD or HASIJ 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 inquires that may be requested include, but are not limited to the following:

Identity and Martial 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 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

Social Security Number:

Printed Name:

Signature:

SPOUSE OR OTHER ADULT

Social Security Number:

Printed Name:

Signature:



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: _____

Tenant's Signature

Date _____

