

**YOU ARE APPLYING FOR THE PUBLIC HOUSING AND/OR  
THE SECTION 8 HOUSING CHOICE VOUCHER PROGRAM**

**It is your family's responsibility to inform our office of any change(s) such as address, family member or income changes. Notifying the FMHA of changes will ensure correct status on the waiting list and an ability to reach your family by mail.**

Name \_\_\_\_\_

Address \_\_\_\_\_ **Is this address a Homeless Shelter? Yes / No**

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Is Head of Household or Spouse presently employed? Yes \_\_\_\_\_ No \_\_\_\_\_ **Average Hours per week:** \_\_\_\_\_  
Is anyone in the household presently employed or have been hired to work in Fairfield County? Yes \_\_\_\_\_ No \_\_\_\_\_

PLEASE LIST HOW MUCH INCOME YOU RECEIVE PER YEAR: \_\_\_\_\_  
**(example: \$635 monthly x 12 = \$7620 per year)**

FROM WHAT SOURCE(S) DO YOU RECEIVE INCOME (Social Security/Wages/JFS, etc.): \_\_\_\_\_

List each person who will be living in the household	Birth Date	Age	Relationship	Social Security # for all adults	Sex	Is this member disabled?	
						Yes	No
						Yes	No
						Yes	No
						Yes	No
						Yes	No

**PLEASE LIST ADDITIONAL MEMBERS ON THE BACK OF THIS FORM**

Are you expecting any changes in your household? If yes, explain \_\_\_\_\_

Is there anyone in the household in which English is not their **primary** language? Yes \_\_\_\_\_ No \_\_\_\_\_

If English is not the primary language what is the **primary** language of that individual? \_\_\_\_\_

Does the family member have difficulties speaking, understanding, reading or writing English? Yes \_\_\_\_\_ No \_\_\_\_\_

**YES NO**

- Is there any household member who served in the active military of the US and was discharged under conditions other than dishonorable, or is serving in the active military of the United States?
- Is there any household member who is a dependent spouse, surviving spouse, dependent parent, minor child or ward of: **a person who served in the active military of the US and was discharged under conditions other than dishonorable, a person who was deceased while serving in the active military at the time of death or a person who is serving in the active military?**
- Does anyone in the household owe a debt to any Housing Authority? If yes, where? \_\_\_\_\_

*The Department of HUD uses this information to determine the degree to which its programs are utilized by minority families;*

**Head of the household is:**  White  Black  Spanish Origin  American Indian  Asian or Pacific Islander  Other \_\_\_\_\_

**I CERTIFY THAT ALL INFORMATION ON THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE**

HEAD OF HOUSEHOLD SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

The FMHA is required to inform the INS of anyone not lawfully present in the United States and submit quarterly reports of their residence.