



BEAVER HOUSING AUTHORITY

Executive Director

Jason Scheuer

Board of Commissioners

Von Christiansen • Ginger McMullin • Linda Rothenberger • Max Crandall • Brent Blackner

HOUSING APPLICATION

UNIT/APT/PROGRAM APPLYING FOR: _____

APPLICANT LEGAL NAME _____ TELEPHONE NUMBER _____

CURRENT STREET ADDRESS _____ CITY STATE ZIP _____

MAILING ADDRESS AND EMAIL ADDRESS _____

PLEASE PRINT CLEARLY THE NAMES OF EVERYONE WHO WILL BE LIVING IN RENTAL UNIT INCLUDING APPLICANT (SELF).

NAME	RELATIONSHIP	BIRTH DATE	SEX	SOCIAL SECURITY #
1.				
2.				
3.				
4.				
5.				

(IF ADDITIONAL MEMBERS..... WRITE ON BACK)

MINORITY CODE: Please Circle: White Black American Indian Hispanic
 Asian/Pacific Islander

Have you or any member of your household been evicted from a subsidized housing unit for Drug Related or Violent Criminal Activity?

YES NO Name of assisted housing _____ date _____

40 North 300 East P.O. Box 2357 Beaver, Utah 84713
(435) 438-2935

Do you have any pets? YES NO How many? _____

Do you owe money to any Housing Agency or other subsidized apartment complex?

YES NO Name of Housing Authority _____

Have you been arrested or convicted for illegal manufacture, distribution, or possession of a controlled substance or any violent criminal activity?

YES NO Location: _____

Applicant and other family members in household are U.S. Citizens or legal permanent residents? _____

YES NO If NO Explain: _____

PLEASE MARK APPROPRIATE STATUS:

HEAD OF HOUSEHOLD IS:

62 years of age or older

person with disabilities

working at least 20 hrs/wk

client under TANF (Temporary Assistance to Needy Families)

attending educational training

OTHER ADULT OVER 18 IS:

62 years of age or older

person with disabilities

working at least 20 hrs/wk

client under TANF (Temporary Assistance to Needy Families)

I understand that this is not a contract, but a pre-application for housing assistance. This pre-application does not guarantee that I will receive housing assistance. I certify that the information given above is correct and complete to the best of my knowledge, and I understand that to give false information may result in the loss/denial of assistance.

I authorize the Housing Authority to obtain information about me or a resident family member that is pertinent to eligibility for/or continued participation in the housing program.

The information given above may be released to appropriate Federal, State, and local agencies when relevant, and to civil, criminal or regulatory investigators and prosecutors.

I understand that if I move, I must keep the Housing Authority informed in writing of any new address. If I fail to respond to any updates, I understand that I will be removed from the waiting list.

Signature of Applicant

Date

Signature of other adult

Applications will be purged yearly. You must notify BHA annually to keep your application active.

Attached Law Enforcement form must be filled in for all adults aged 18 and over.

OFFICE USE ONLY:

Date Received: _____

Time Received: _____

HA Staff Signature: _____

FAMILY ASSETS	VALUE	IMPUTED		ANNUAL INCOME
1. LAND	\$	@	%	\$
2. SAVINGS	\$			\$
3. STOCKS	\$	@	%	\$
4. CHECKING ACCT.	\$	@	%	\$
5. CRYPTO CURRENCY				
6. TOTAL FAMILY ASSETS				
	TENANT	TENANT	CO-TENANT	CO-TENANT
INCOME	MONTHLY	ANNUALLY	MONTHLY	ANNUALLY
7. WAGES, SALARY, ETC.	\$	\$	\$	\$
8. SOCIAL SECURITY	\$	\$	\$	\$
9. PENSIONS	\$	\$	\$	\$
10. PUBLIC ASSISTANCE	\$	\$	\$	\$
11. CHILD SUPPORT	\$	\$	\$	\$
12. MISC. INCOME	\$	\$	\$	\$
13 TOTAL INCOME	\$	\$	\$	\$
I hereby certify that the information on this form is true and current to the best of my knowledge.				
TENANT:				
CO-TENANT:				
DATE:				

**BEAVER HOUSING AUTHORITY
LA WENFORCEMENT RECORDS CHECK
APPLICATION**

The following information is required for a law enforcement check. Each applicant and dependent 18 yrs. of age and older must complete a separate form.

_____ Sex: Male Female
Full name of applicant including maiden name

Other Name or A.K.A.'s

_____ Social Security Number
Date of Birth

_____ State of License
Driver's License Number

Prospective applicants may not wish to apply if they have been convicted of any drug offense, sex offense, crime of violence or use of a weapon, or any other criminal activity which may indicate a potential hazard danger to other residents.

Questionnaire

1. Have you ever been arrested for a drug related crime? Yes No If Yes, when/where?
Disposition? _____
2. Have you ever been arrested for a sexual offense? Yes No If Yes, when/where?
Disposition? _____
3. Have you ever been arrested for a crime involving the use of a weapon, crime of violence
or other felonies? Yes No If Yes, when/where?
Disposition? _____
4. Have you ever been arrested for a crime which may indicate a potential hazard or danger
to other residents? Yes No If Yes, when/where?
Disposition? _____

**ANYONE REPORTING FALSE INFORMATION ON THIS FORM WILL BE DENIED
HOUSING ASSISTANCE.**

I hereby authorize the Beaver Housing Authority or its agents to verify the above information and certify that the information provided is **true and correct.**

Signature of Applicant _____ Date _____

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Other Name or A.K.A.'s

_____ _____
Date of Birth Social Security Number

_____ _____
Driver's License Number State of License

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