



# BEAVER HOUSING AUTHORITY

Executive Director

Jason Scheuer

Board of Commissioners

Von Christiansen • Ginger McMullin • David Moore • Max Crandall • Brent Blackner

## HOUSING APPLICATION

**PROGRAM APPLYING FOR (Circle):** LIHTC – CROWN – SECTION 8 – PUBLIC HOUSING – USDA – GENERAL – ALL

**APPLICANT LEGAL NAME:** \_\_\_\_\_ **TELEPHONE NUMBER:** \_\_\_\_\_

**CURRENT ADDRESS:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

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

**PHOTO IDENTIFICATION (CIRCLE):** DL / PASSPORT / ID      **NUMBER:** \_\_\_\_\_

**CLEARLY FILL OUT THE FOLLOWING REQUESTED INFORMATION:**

NAME	RELATIONSHIP	D/O/B	SEX	SOCIAL SECURITY #
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

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

\*\*\*\*\*  
BEAVER HOUSING AUTHORITY  
40 NORTH 300 EAST, BEAVER UTAH 84713  
PO BOX 2357

Have you or any member of your household been evicted due to late/missed rent payments? YES NO

Have you or any member of your household been evicted for Drug or Violent Criminal Activity? YES NO

Length of Time at current residence: \_\_\_\_\_

Do you currently have a rent balance from previous landlords? YES NO

If YES Name of Landlord and Amount owed: \_\_\_\_\_

Do you or any member of your household smoke? YES NO

Do you have a Medicinal Marijuana Card? YES NO

**“Use of any Illegal substances is not allowed at any of our Federally funded programs.”**

Do you have any pets? YES NO How many? \_\_\_\_\_

If Yes what Breed & Size: \_\_\_\_\_

Is your pet a Service Animal? YES NO

Is your pet an Emotional Support Animal? YES NO

Do you have paperwork validating these answers? YES NO

Is the Applicant and other family members in household U.S. Citizens or legal permanent residents.

YES NO

If NO do you have a ITIN / ID: YES NO

**PLEASE MARK APPROPRIATE STATUS:**

**HEAD OF HOUSEHOLD**

62 years of age or older	Circle One:	YES	NO
Person with Disabilities	Circle One:	YES	NO
Working at least 20 hrs/wk	Circle One:	YES	NO
Receiving any assistance from government programs	Circle One:	YES	NO
Attending educational training / certification	Circle One:	YES	NO

**OTHER ADULT OVER 18 (If Needed)**

62 years of age or older	Circle One:	YES	NO
Person with Disabilities	Circle One:	YES	NO
Working at least 20 hrs/wk	Circle One:	YES	NO
Receiving any assistance from government programs	Circle One:	YES	NO
Attending educational training / certification	Circle One:	YES	NO

**OTHER ADULT OVER 18 (If Needed)**

62 years of age or older	Circle One:	YES	NO
Person with Disabilities	Circle One:	YES	NO
Working at least 20 hrs/wk	Circle One:	YES	NO
Receiving any assistance from government programs	Circle One:	YES	NO
Attending educational training / certification	Circle One:	YES	NO

**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(s):** \_\_\_\_\_

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

***The attached Law Enforcement form must be filled in for all adults aged 18 and over.***

\*\*\*\*\*

**OFFICE USE ONLY:**

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

**Time Received:** \_\_\_\_\_

**HA Staff (Print & Sign):** \_\_\_\_\_

<b>FAMILY ASSETS</b>	<b>VALUE</b>	<b>IMPUTED</b>	<b>PERCENTAGE</b>	<b>ANNUAL INCOME</b>
1. LAND	\$	@	%	\$
2. SAVINGS	\$	@	%	\$
3. STOCKS	\$	@	%	\$
4. CHECKING ACCT.	\$	@	%	\$
5. CRYPTO CURRENCY	\$	@	%	\$
6. TOTAL FAMILY ASSETS	\$	@	%	\$
<b>INCOME</b>	<b>TENANT MONTHLY</b>	<b>TENANT ANNUALLY</b>	<b>CO - MONTHLY</b>	<b>CO-ANNUALLY</b>
7. WAGES, SALARY, ETC.	\$	\$	\$	\$
8. SOCIAL SECURITY	\$	\$	\$	\$
9. PENSIONS	\$	\$	\$	\$
10. PUBLIC ASSISTANCE	\$	\$	\$	\$
11. CHILD SUPPORT	\$	\$	\$	\$
12. MISC. INCOME	\$	\$	\$	\$
13. TOTAL	\$	\$	\$	\$

I HEREBY CERTIFY THAT THE INFORMATION ON THIS FORM IS TRUE AND CURRENT TO THE BEST OF MY KNOWLEDGE:

TENANT: \_\_\_\_\_

CO-TENANT: \_\_\_\_\_

DATE: \_\_\_\_\_

**BEA VER HOUSING AUTHORITY  
LAW ENFORCEMENT 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.**

\_\_\_\_\_  
Full name of applicant including maiden name

Sex: Male                      Female

\_\_\_\_\_  
Other Name or A.K.A.'s

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Driver's License Number

\_\_\_\_\_  
State of License

***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: \_\_\_\_\_

**BEA VER HOUSING AUTHORITY  
LAW ENFORCEMENT RECORDS CHECK  
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Full name of applicant including maiden name

Sex: Male

Female

\_\_\_\_\_  
Other Name or A.K.A.'s

\_\_\_\_\_  
Date of Birth

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Social Security Number

\_\_\_\_\_  
Driver's License Number

\_\_\_\_\_  
State of License

***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***

5. \_\_\_\_\_ Have  
you ever been arrested for a drug related crime? Yes No If Yes, when/where?  
Disposition? \_\_\_\_\_
6. \_\_\_\_\_ Have you ever been arrested for a sexual offense? Yes No If Yes, when/where?  
Disposition? \_\_\_\_\_
7. \_\_\_\_\_ 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? \_\_\_\_\_
8. \_\_\_\_\_ 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? \_\_\_\_\_

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Signature of Applicant: \_\_\_\_\_

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