



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 (HCV – MSV) – PUBLIC HOUSING – USDA – GENERAL – ALL

APPLICANT LEGAL NAME: _____ **TELEPHONE NUMBER:** _____

CURRENT ADDRESS: _____

EMAIL ADDRESS: _____

MAILING ADDRESS: _____ **PREFERRED LOCATION:** Beaver / Milford

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
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Working at least 20 hrs/wk	Circle One: YES NO
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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): _____

FAMILY ASSETS	VALUE	IMPUTED	PERCENTAGE	ANNUAL INCOME
1. LAND	\$	@	%	\$
2. SAVINGS	\$	@	%	\$
3. STOCKS	\$	@	%	\$
4. CHECKING ACCT.	\$	@	%	\$
5. CRYPTO CURRENCY	\$	@	%	\$
6. TOTAL FAMILY ASSETS	\$	@	%	\$
INCOME	TENANT MONTHLY	TENANT ANNUALLY	CO - MONTHLY	CO- ANNUALLY
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.

_____ 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: _____

**BEA VER HOUSING AUTHORITY
LAW ENFORCEMENT RECORDS CHECK
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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? _____
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Signature of Applicant: _____

Date: _____



Beaver Housing Authority – Landlord Referral Sheet

Tenant Information

Full Name: _____
Previous Address: _____
Phone Number: _____
Dates of Tenancy: From _____ To _____

Landlord/Property Manager Information

Name: _____
Company (if applicable): _____
Phone Number: _____
Email Address: _____

Rental History

Was rent paid on time? Always Usually Rarely Never
Amount of Monthly Rent: \$ _____
Any NSF's or returned payments? Yes No
If yes, please explain: _____
Was proper notice given prior to move-out? Yes No
Any lease violations? Yes No
If yes, please explain: _____
Were there any complaints or disturbances? Yes No
If yes, please describe: _____
Condition of unit at move-out: Excellent Good Fair Poor
Comments: _____

Would you rent to this tenant again?
 Yes No Possibly
Please explain: _____

Landlord Signature: _____ Date: _____
Printed Name: _____