



BEAVER HOUSING AUTHORITY

Executive Director

Jason Scheuer

Board of Commissioners

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

PUBLIC HOUSING APPLICATION

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. HEAD				
2. CO - HEAD				
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): _____

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: _____

**BEAVER 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: _____



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: _____

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Signature of Applicant: _____

Date: _____

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:			
Mailing Address:			
Telephone No:	Cell Phone No:		
Name of Additional Contact Person or Organization:			
Address:			
Telephone No:	Cell Phone No:		
E-Mail Address (if applicable):			
Relationship to Applicant:			
Reason for Contact: (Check all that apply) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____ Late payment of rent </td> </tr> </table>		<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/>	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____ Late payment of rent
<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/>	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____ Late payment of rent		
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.			
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.			
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.			

☐ Check this box if you choose not to provide the contact information.

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.