



TENANT INFORMATION FORM

Tenant ID _____

PLEASE COMPLETE THIS FORM AND RETURN TO:

Legal address if different from mailing address

Part 1: Telephone

Home Telephone _____ Relative's Telephone _____

Work Telephone _____ Friend's Telephone _____

Starting on the first line for the Head of Household, please supply the following information for all adults and children that will live in the housing unit to be assisted. List adults first, then children. Enter one of the following codes in box 6 to identify the household relationship of each adult and child listed.

H = Head of Household K = Co-Head (Not Married) Y = Youth Under 18 L = Live-in Aide
 S = Spouse (Married) F = Foster Child/Adult E = Full Time Student Over 18 A = Other Adult

1. Last Name & Sr, Jr, etc.	2. First Name	3. MI	4. Date of Birth	5. Sex <input type="checkbox"/> M <input type="checkbox"/> F	6. Relation H	7. Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No
8. Race (Check One Box) <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander		9. Ethnicity (Check One Box) <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic		10. Social Security Number		
1. Last Name & Sr, Jr, etc.	2. First Name	3. MI	4. Date of Birth	5. Sex <input type="checkbox"/> M <input type="checkbox"/> F	6. Relation	7. Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No
8. Race (Check One Box) <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander		9. Ethnicity (Check One Box) <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic		10. Social Security Number		
1. Last Name & Sr, Jr, etc.	2. First Name	3. MI	4. Date of Birth	5. Sex <input type="checkbox"/> M <input type="checkbox"/> F	6. Relation	7. Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No
8. Race (Check One Box) <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander		9. Ethnicity (Check One Box) <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic		10. Social Security Number		
1. Last Name & Sr, Jr, etc.	2. First Name	3. MI	4. Date of Birth	5. Sex <input type="checkbox"/> M <input type="checkbox"/> F	6. Relation	7. Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No
8. Race (Check One Box) <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander		9. Ethnicity (Check One Box) <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic		10. Social Security Number		
1. Last Name & Sr, Jr, etc.	2. First Name	3. MI	4. Date of Birth	5. Sex <input type="checkbox"/> M <input type="checkbox"/> F	6. Relation	7. Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No
8. Race (Check One Box) <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander		9. Ethnicity (Check One Box) <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic		10. Social Security Number		
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8. Race (Check One Box) <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander		9. Ethnicity (Check One Box) <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic		10. Social Security Number		

Please Continue

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Part 2: Household (Continued)

Please Answer the Following Questions:

1. If your Head of Household changed in the past year, enter former Head's Social Security #: _____
2. Does your family lack a regular nighttime residence, live in a shelter, or other non residential place? Yes No
3. Do you currently live in public housing, housing assisted by the Section 8 program, or any other type of federally subsidized housing. Yes No
4. Have you or any member of your household been evicted from Public housing, Indian housing, Section 23 housing, or housing assisted by the Section 8 program, for drug-related criminal activity during the past three Yes No
5. Do you or any member of your household have a history of engaging in the use of a controlled substance or in alcohol abuse that has not been abated through a supervised rehabilitation program or other means of Yes No
6. If any child or foster child under age six residing in the assisted unit tested positive for an EBL (Elevated Blood Lead Level) list the first name of each child with an EBL here: _____

Part 3: Unit To Be Occupied by Assisted Family (If Known)

Owner Information

Name _____
 Address _____
 City _____ State _____ ZIP _____
 Home Telephone _____
 Work Telephone _____

Assisted Unit Information:

Address _____ Apt. _____
 City _____
 State _____ ZIP(+4) _____
 Unit Entrance Front Side Rear
 Unit Floor Level First Second Other: _____

Part 4: Head of Household Must Sign this Form Certifying Accuracy of Information Provided

I certify that the information on this form is true and complete to the best of my knowledge and belief. I understand that I can be fined up to \$10,000, or imprisoned up to five years if I furnish false or incomplete information.

X _____
 Name

 Date