

**SHELTER PLUS CARE**  
APPLICATION FOR TENANT-BASED RENTAL ASSISTANCE PAYMENTS

**APPLICANT** \_\_\_\_\_ **APPLICATION DATE** \_\_\_\_\_

RRC \_\_\_\_\_ ACCESS \_\_\_\_\_ CCD \_\_\_\_\_

**FAMILY COMPOSITION**

List head of household, applicant and all others who will be living with applicant and their relationship to head of household.

<u>FULL NAME</u>	<u>RELATIONSHIP</u>	<u>BIRTHDATE</u>	<u>AGE</u>	<u>GENDER</u>	<u>SOC.SEC#</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**Race of head of household:**

White  Black  American Indian/Alaskan Native  Asian/Pacific Islander

**Ethnicity of head of household:**

Hispanic  Non-Hispanic

Applicant's place of birth \_\_\_\_\_

**FAMILY INCOME**

List the source and amount of the annual income of members listed above>

<u>NAME</u>	<u>SOURCE/TYPE OF INCOME</u>	<u>ANNUAL INCOME</u>
_____	_____	_____
_____	_____	_____

Attach verification forms for all income listed.

**FAMILY ASSETS**

List the checking and savings accounts of each member listed above.

<u>NAME</u>	<u>BANK</u>	<u>ACCOUNT NUMER</u>	<u>BALANCE</u>
_____	_____	_____	_____
_____	_____	_____	_____

**Attach verification forms for all accounts listed.**

\_\_\_ No family member owns stocks, bonds, trusts, pensions or other assets, **or** \_\_\_ a list of such assets is attached.

\_\_\_ No family member has disposed of any assets for less than the fair market value during the last two years, **or** \_\_\_ a list of those assets is attached.

**ADDITIONAL CERTIFICATIONS (COMPLETE EACH ITEM)**

The applicant and Program Representative certify that the applicant:

- \_\_\_\_\_ Is homeless as defined for this program (verification attached).
- \_\_\_\_\_ Is disabled/handicapped as defined (verification attached).
- \_\_\_\_\_ Does not have a legal guardian **or** \_\_\_\_\_ verification of legal guardian is attached.
- \_\_\_\_\_ Does not have regular expenses for childcare for a child under 12 **or** \_\_\_\_\_ verification of such childcare expenses are attached.
- \_\_\_\_\_ Does not pay the cost of attendant care or equipment to enable household member to work **or** \_\_\_\_\_ verification of these expenses is attached.
- \_\_\_\_\_ Chooses not to report and consent to verification of medical expenses **or** \_\_\_\_\_ verifications are attached for medical expenses.

State Driver's License/State ID Number \_\_\_\_\_

Telephone number to reach you \_\_\_\_\_

As the applicant for Shelter Plus Care rental assistance, I certify that all of the above information is true and I authorize the undersigned Program Representative to verify any and all information in this application. I understand that providing false information on this application may result in denial or termination of assistance.

**Applicant** \_\_\_\_\_ Date \_\_\_\_\_

Program Representative \_\_\_\_\_ Date \_\_\_\_\_



