



Homeowner Contact and Information Sheet

General Household Information:

Client(s):

_____	_____	_____	_____	_____	_____	Y/N
First Name	MI	Last Name	SSN	Birth-date		Disabled

Co-Client:

_____	_____	_____	_____	_____	_____	Y/N
First Name	MI	Last Name	SSN	Birth-date		Disabled

Home phone: _____ Work (or Cell) phone: _____ Email: _____

Current

Address: _____
Street number and name

_____	_____	_____
City	State	Zip Code

Marital status: Married Single Divorced Separated

Race:

- African-American Caucasian Other
- American Indian Hispanic (Specify) _____
- Asian Pacific Islander

List additional persons that will reside with you (including children):

_____	_____	_____	_____	_____	_____	_____	Y/N
First Name	MI	Last Name	Birth-date	M or F	Relationship		Disabled

_____	_____	_____	_____	_____	_____	_____	Y/N
First Name	MI	Last Name	Birth-date	M or F	Relationship		Disabled

_____	_____	_____	_____	_____	_____	_____	Y/N
First Name	MI	Last Name	Birth-date	M or F	Relationship		Disabled

_____	_____	_____	_____	_____	_____	_____	Y/N
First Name	MI	Last Name	Birth-date	M or F	Relationship		Disabled

_____	_____	_____	_____	_____	_____	_____	Y/N
First Name	MI	Last Name	Birth-date	M or F	Relationship		Disabled



Household Income Limits

<u>6/2017</u>	<u>1 Person</u>	<u>2 Person</u>	<u>3 Person</u>	<u>4 Person</u>	<u>5 Person</u>	<u>6 Person</u>	<u>7 Person</u>	<u>8 Person</u>
80%	\$39,150	\$44,750	\$50,350	\$55,900	\$60,400	\$64,850	\$69,350	\$73,800
120%	\$58,700	\$67,100	\$75,500	\$83,900	\$90,600	\$97,300	\$104,000	\$110,700

Verification Documents

Please attach the following:

- Provide the following income verification documents for ALL household members:
 - Most recent award letters (Social Security, Supplemental Security Income (SSI))
 - 3 consecutive months of recent paystubs
 - Current documentation for all other forms of income including but not limited to: unemployment benefits, military income, public assistance (not including food stamps), child support payments (past 12 months), alimony, retirement funds, pensions, real estate property income, etc.
 - Most recent bank statements (Current Savings account and 6 months average for Checking account)
 - **EACH** household member 18 and over must fill out and sign the attached “*Income Certification Questionnaire*” and “*Authorization for Release of Information Form*”
- Copy of Identification (current State ID or Drivers License)
- Copy of Social Security Cards (for all household members)

How Did You Hear About Us?

- Website
- Facebook
- Flyer/Brochure
- Mailing (Paper or Electronic)
- Neighbor
- Client Referral
- Neighborhood Meeting
- Community Event
- Office Visit/King Park Staff
- Other: _____

Disclosure/Privacy Statement

Services will be provided without discrimination because of age, race, color, religion, sexual orientation, gender identity, handicap, national origin or ancestry. This agency is requesting information necessary to comply with the requirements of the housing program. I understand that the information on this form will be kept confidential but may be shared with other agencies to which I may be referred for services. I understand that I may be requested to verify these statements, and give my consent to this agency to make necessary contacts to verify any statements. I understand that additional information may be required based upon my answers above.

I hereby certify that the above information is correct and true to the best of my knowledge.

Client Signature

Client Signature

Date

Date

