



Lac du Flambeau Chippewa Housing Authority  
554 Chicog Street  
P.O. Box 187  
Lac du Flambeau, WI 54538  
Phone: (715) 588-3348 Fax: 715-588-7935  
[www.ldfcha.org](http://www.ldfcha.org)

## LAC DU FLAMBEAU CHIPPEWA HOUSING AUTHORITY

### HOUSING ADMISSION APPLICATION

**PER CHA Admissions Policy §3 Application Process. 3.1 General.** The application is the basic record of each family/person applying for Housing Assistance. Each applicant shall be required to provide ALL information requested on the application and to sign ALL necessary forms, documents, and certifications. Information and statements made by the applicant are subject to verification.

**PER CHA Admissions Policy §3 Application Process. 3.5 Supporting Documents.** When required to provide *supporting documentation*, applicant shall hand deliver the: **A. Originals**. They may hand deliver the *originals* to the CHA. CHA shall make copies, attach them to the application, and return the originals to the applicant.

#### **REQUIRED ORIGINAL DOCUMENTS FOR ALL HOUSEHOLD MEMBERS**

*Your application will not be processed until all required original documents are submitted.*

#### **Identification Documents:**

1. Birth Certificate
2. Social Security Card
3. State Issued ID
4. Tribal ID or Certificates of Enrollment

#### **Income Documents:**

1. 1 Month of Employment Paystubs
2. Most Recent Social Security/SSI Benefit Letter
3. 1 Month of Child Support or Kinship Payments
4. Document for Any Other Income Entered on Application

#### **Other Documents, If Applicable:**

1. Court Order RE Placement/Guardianship for Household Member(s)

**PER CHA Admissions Policy §3 Application Process. 3.6 Examples of Information/Documents Required. B. Credit History.** 1. ALL applicants, applying for *Homeownership Programs*, must have a satisfactory credit history.

**PER CHA Admissions Policy §3 Application Process. 3.6 Examples of Information/Documents Required. C. Criminal Background Check.** 1. Criminal Background Checks will be done on each applicant and adult (listed on the Household Composition form) who is/are seeking Tribal and/or Federal Housing Assistance through the Lac du Flambeau Chippewa Housing Authority.

**PER CHA Admissions Policy §4 Application Review/Screening Process. 4.11 Application File Categories. C. Incomplete/Pending.** 1. Applicants submitting an incomplete application shall be notified, and given time to submit the missing information. 2. Applicants are given 14 calendar days to respond. 3. If the information is *NOT* submitted within that 14 calendar day period, the applicant shall be placed in the inactive file.

**PER CHA Admissions Policy §4 Application Review/Screening Process. 4.12 Application Updates.** 1. Applicant whose application is nearing the 12 month expiration date, shall be notified of the expiration date, by the Admissions Specialist. A. The notification shall be mailed (via first class mail) to the applicant, along with a new application form, at least two weeks prior to the expiration date. B. The "Notification of Application Update" form letter shall be used for this purpose. 2. Applicants shall be allowed two weeks to respond and update their applications.



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Date Received: _____
Time Received: _____
Received By: _____
Delivered To: _____

## HOUSING APPLICATION FORM

Please Select One:  1<sup>st</sup> Application  Application Update

Applying for LIHTC I Remodel Units? Yes  No  Applying for LIHTC II Rent to Own Units? Yes  No

**SELECT UNIT SIZE:** *(Check each that applies, do not request a unit that has more bedrooms than the number of people in your household)*

1 Bedroom  2 Bedrooms  3 Bedrooms  4 Bedrooms  5 Bedrooms

**(If additional space is required for any section, please use the back of the applicable page.)**

	Legal Name (First, Middle Initial, Last)	Relationship to Head of Household	Social Security Number #	DOB (Month, Day, Year)	Student K-12 or Higher	
					YES	or NO
1		Head of Household	__-__-__	__/__/__	<input type="checkbox"/>	<input type="checkbox"/>
2			__-__-__	__/__/__	<input type="checkbox"/>	<input type="checkbox"/>
3			__-__-__	__/__/__	<input type="checkbox"/>	<input type="checkbox"/>
4			__-__-__	__/__/__	<input type="checkbox"/>	<input type="checkbox"/>
5			__-__-__	__/__/__	<input type="checkbox"/>	<input type="checkbox"/>
6			__-__-__	__/__/__	<input type="checkbox"/>	<input type="checkbox"/>

**GENERAL INFORMATION:**

Applicant Name: \_\_\_\_\_ Daytime Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Physical Address: \_\_\_\_\_ Alternate Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_ Tribal Affiliation: \_\_\_\_\_ Tribal ID: \_\_\_\_\_  
 Emergency Contact: \_\_\_\_\_ Emergency Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**RESIDENT HISTORY:** *Please list all housing for the past two (2) years.*

**YES NO**

Are you currently homeless? If YES, the AHP Homeless Certification Form must be completed.

Present Address:		Landlord Name:	
Street:	Own: <input type="checkbox"/>	Address:	
City:	Rent: <input type="checkbox"/>	City:	
Dates: _____ to _____	Monthly Rent: \$ _____	Phone:	

Previous Address:		Landlord Name:	
Street:	Own: <input type="checkbox"/>	Address:	
City:	Rent: <input type="checkbox"/>	City:	
Dates: _____ to _____	Monthly Rent: \$ _____	Phone:	

**ALL QUESTIONS MUST BE COMPLETED AND VERIFICATION ATTACHED.** Check YES or NO for the following:

**YES NO**

Are you, or any person listed on page 1, a former CHA lease holder?

If YES, please provide the information below.

Name(s): \_\_\_\_\_ Address(s) of leased premises: \_\_\_\_\_

Do you, or any other person listed on page 1 owe arrears to the CHA for previous CHA lease(s)? YES - NO

If YES, name(s) \_\_\_\_\_ *Note: Ledgers showing amount owed are available upon request.*

**PER CHA Admissions Policy §4 Application Review/Screening Process. 4.6 Notifications. C. Correctable Non-Acceptance (Not Eligible) Criteria.** Summary: Applicants with debts are not immediately eligible for housing assistance but may become eligible by taking corrective action. If an applicant owes money to the CHA, another housing authority or agency, a landlord, WPS, or other utilities, they will be notified in writing via the Notification of Debt letter that their application cannot be processed until the debt is paid in full. Applicants are not placed on waiting lists until all debts are cleared. Once the debt is paid, the applicant must provide an original receipt or written confirmation from a service provider, which will be copied and filed with the application. Applications with pending verifications or unpaid debts may be temporarily withheld for up to three months; if the debt is not resolved within that time, the application is classified as ineligible.

**PER CHA Admissions Policy §5 Rejection Criteria. D. Debt Obligations.** Summary: Applicants with any unpaid amount owed to the CHA are not eligible for any CHA housing assistance programs. This includes unpaid balances owed to the CHA or other entities (such as Tribal or Federal programs, private landlords, or utility companies) from current or past housing. Eligibility is restored only after all debts are paid in full and there is reasonable assurance that the issues causing the nonpayment have been resolved, demonstrating the applicant's ability to meet future housing, rent, homebuyer, and related expenses on time. Former CHA leaseholders who leave owing arrears are ineligible for assistance until their debt is fully paid.

Have you ever been convicted of a crime (*excluding traffic offenses*)?

If YES, please explain: \_\_\_\_\_

**PER CHA Admissions Policy §5 Rejection Criteria. C. Criminal Activity.** Summary: Applicants or household members with a history of criminal activity that threatens the safety or peaceful occupancy of others are generally ineligible for CHA housing assistance. Individuals convicted of violent crimes (e.g., murder, assault with a deadly weapon, rape, or any offense involving force) are permanently barred in line with HUD's "ONE STRIKE" policy. Those with lesser crimes (misdemeanors) may become eligible after a three year period with no further criminal activity, confirmed in writing by an appropriate agency. There are other exceptions to become eligible after a one year period, see policy for full details. Criminal history is determined through a background check.

Have you ever been evicted? If YES, when and for what reason: \_\_\_\_\_

**PER CHA Admissions Policy §5 Rejection Criteria. H. Evictions.** Summary: Applicants who have been evicted for non-payment or non-compliance are ineligible for any CHA housing assistance for three years from the eviction date, and all related costs must be paid.

Are you a registered sex offender?

**PER CHA Admissions Policy §5 Rejection Criteria. R. Rape, Prostitution or Sexual Deviation.** Summary: Applicants with convictions for rape, prostitution, or other sexual offenses are permanently ineligible for any housing assistance program managed by the CHA. These offenses include crimes such as rape, lewd behavior, sodomy, child molestation, carnal abuse, impairing the morals of a minor, prostitution, and similar sexual deviation crimes. Such convictions are typically identified through a criminal background check.

Do you have any pets? If YES, provide the type and/or breed: \_\_\_\_\_

Do require a handicap accessible unit or special accommodations (*i.e. 1<sup>st</sup> floor, grab bars, etc.*)?

If YES, accommodations needed: \_\_\_\_\_

Do you certify this will be your primary place of residence?

Are you a Veteran?

**THIS PROPERTY MAY ENTITLE YOU TO AN ELDERLY/DISABLED DEDUCTION. IF YOU BELIEVE YOU QUALIFY, PLEASE "CHECK" THE BOX:**

(Check YES or NO)		INCOME SOURCE	MONTHLY GROSS INCOME
YES	NO		
<input type="checkbox"/>	<input type="checkbox"/>	<b>EMPLOYMENT:</b> Applicant Name: _____ Employer Name: _____ Address: _____ Phone: _____	Hourly Rate: \$ _____ Monthly Gross: \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	<b>EMPLOYMENT:</b> Applicant Name: _____ Employer Name: _____ Address: _____ Phone: _____	Hourly Rate: \$ _____ Monthly Gross: \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	<b>SELF EMPLOYED: (Must attach last two years of tax returns.)</b> Applicant Name: _____	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	<b>UNEMPLOYMENT BENEFITS:</b> State in which benefits are paid: _____ Applicant Name: _____	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	<b>WORKERS COMPENSATION BENEFITS:</b> Applicant Name: _____ Company Name: _____ Address: _____ Phone: _____	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	<b>PENSION, RETIREMENT, ANNUITY, INHERITANCE, INSURANCE OR LOTTERY PAYMENTS:</b> Applicant Name: _____ Company Name: _____ Address: _____ Phone: _____ Policy Number: _____	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	<b>VETERAN ADMINISTRATION, GI BILL, NATION GUARD OR MILITARY BENEFITS:</b> Applicant Name: _____	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	<b>SUPPLEMENTAL SECURITY OR SOCIAL SECURITY DISABILITY INCOME:</b> <b>(Attach most recent benefit notice that states gross pay amount.)</b> Applicant Name: _____ Applicant Name: _____	\$ _____ \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	<b>DEATH BENEFITS: (Attach documentation)</b> Applicant Name: _____ Applicant Name: _____ Applicant Name: _____	\$ _____ \$ _____ \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	<b>UNEARNED INCOME (i.e. TRUST FUND etc.): (Attach documentation)</b> Applicant Name: _____	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	<b>MAINTENANCE, SPOUSAL OR ALIMONY PAYMENTS: (Attach documentation)</b> Applicant Name: _____ Address: _____ Phone: _____	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	<b>PUBLIC ASSISTANCE (Ex: TANF, AFDC, W2 etc.): (Do not include food share)</b> Applicant Name: _____	\$ _____

(Check YES or NO)		INCOME SOURCE cont.	MONTHLY GROSS INCOME
YES	NO		
<input type="checkbox"/>	<input type="checkbox"/>	PERCAP PAYMENTS: <b>(If ANNUAL, please enter full annual amount)</b> Applicant Name: _____ Tribal Agency: _____ Applicant Name: _____ Tribal Agency: _____	\$ _____ \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	CHILD SUPPORT PAYMENTS: <b>(Attach a copy of most current order)</b> Agency: _____ Address: _____ <input type="checkbox"/> I am not receiving payments but have a court order through: Agency: _____ Address: _____ <input type="checkbox"/> I am currently pursuing support through: Agency: _____ Address: _____ <input type="checkbox"/> I am not pursuing payments at this time for the following reason: _____	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	CASH CONTRIBUTIONS OR OTHER SOURCE OF INCOME: <b>(Attach documentation)</b> Source: _____	\$ _____

(Check YES or NO)		STUDENT STATUS	MONTHLY GROSS INCOME
YES	NO		
<input type="checkbox"/>	<input type="checkbox"/>	DOES THE HOUSEHOLD CONSIST OF CURRENT PART-TIME OR FULL-TIME STUDENTS? <b>(K-12 or higher)</b> Name: _____ Name: _____ Name: _____ Name: _____ Name: _____ Name: _____	
<input type="checkbox"/>	<input type="checkbox"/>	EDUCATION GRANTS, SCHOLARSHIPS OR OTHER:	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	DOES ANYONE ANTICIPATE BECOMING A FULL-TIME STUDENT IN THE NEXT 12-MONTHS? <b>(K-12 or higher)</b> Name: _____ Name: _____ Name: _____ Name: _____ Name: _____ Name: _____	

(Check YES or NO)		ASSETS	CASH VALUE BALANCE
YES	NO		
<input type="checkbox"/>	<input type="checkbox"/>	CHECKING ACCOUNT: Name: _____ Address: _____ Phone: _____	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	SAVINGS ACCOUNT: Name: _____ Address: _____ Phone: _____	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	CD'S MONEY MARKET, IRA'S OR OTHER NON-CHECKING ACCOUNTS: Name: _____ Address: _____ Phone: _____	\$ _____

(Check YES or NO)		ASSETS cont.	CASH VALUE BALANCE
YES	NO		
<input type="checkbox"/>	<input type="checkbox"/>	STOCKS, SAVINGS BONDS OR OTHER INVESTMENT ACCOUNTS BOUGHT OR SOLD IN THE PAST 12-MONTHS: <b>(Attach documentation)</b> Institute Name: _____ Address: _____ Phone: _____	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	REAL ESTATE OR MOBILE HOME: <b>(Attach a copy of most recent tax bill)</b>	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	LAND CONTRACT: <b>(Attach a copy of contract and amortization schedule)</b>	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	PERSONAL PROPERTY HELD FOR INVESTMENT PURPOSE <i>(Includes jewelry, gems, coins, stamp collection, etc.):</i>	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	OTHER ASSETS <i>(Ex: Pre-paid debit cards etc.):</i> Have you sold, given away or transferred ownership of assets within the last two years for less than fair market value? Type: _____	\$ _____

(Check YES or NO)		DEDUCTIONS	MONTHLY AMOUNT
YES	NO		
<input type="checkbox"/>	<input type="checkbox"/>	CHILDCARE FOR CHILD(REN) UNDER AGE 13: <input type="checkbox"/> For work <input type="checkbox"/> For school Provider Name: _____ Address: _____ Phone: _____	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> PRESCRIPTION <input type="checkbox"/> DENTAL <input type="checkbox"/> OPTICAL EXPENSE FOR PAST 12-MONTHS: <b>(Attach copy of receipts)</b> Provider Name: _____ Address: _____ Phone: _____	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	PHYSICIAN/HOSPITAL CO-PAY FOR PAST 12-MONTHS: <b>(Attach copy of receipts)</b> Provider Name: _____ Address: _____ Phone: _____ Institute Name: _____ Address: _____ Phone: _____	\$ _____

**THE FOLLOWING SECTION ONLY APPLIES TO ELDERLY, HANDICAP OR DISABLED**

(Check YES or NO)		DISABILITY DEDUCTIONS	MONTHLY AMOUNT
YES	NO		
<input type="checkbox"/>	<input type="checkbox"/>	MEDICARE PREMIUMS DEDUCTED FROM SOCIAL SECURITY:	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	HEALTH INSURANCE PREMIUMS (Including Medicare Supplement, Medical Insurance, Dental Insurance, Medicare Part D, etc.): Provider Name: _____ Address: _____ Phone: _____ Policy: _____	\$ _____

# LDF CHA HOUSING APPLICATION SIGNATURE(S) PAGE



UNDER PENALTY OF PERJURY, I CERTIFY THAT THE INFORMATION PRESENTED ON THIS FORM IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. THE UNDERSIGNED FURTHER UNDERSTAND THAT PROVIDING FALSE REPRESENTATIONS HEREIN CONSTITUTES AN ACT OF FRAUD. FALSE, MISLEADING OR INCOMPLETE INFORMATION WILL RESULT IN THE DENIAL OF APPLICATION OR TERMINATION OF THE LEASE AGREEMENT. I AUTHORIZE THE BORROWER/MANAGING AGENT TO INVESTIGATE ANY REFERENCES OR PERFORM ANY CREDIT/CRIMINAL/SEX OFFENDER CHECKS.

**Each adult member of the household (18 years or older) must sign below.**

PRINT NAME	SIGNATURE	DATE

Please indicate for each household member listed above and use the codes listed below:

The information regarding race ethnicity, and sex designation solicited on this application is required in order to assure the Federal Government, acting through Rural Development Housing Service and/or HUD that Federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religious, sex, familial status, age and handicap are complied with. You are not required to furnish the information but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way.

Rural Development only: If you choose not to furnish it, the owner is required to note the race, ethnicity and sex of individual applicants on the basis of visual observance or surname.

- |   |   |   |  |   |
|---|---|---|--|---|
| <u>Sex Code</u><br><b>F</b> -Female<br><b>M</b> -Male | <u>Veteran Codes</u><br><b>V</b> - Veteran<br><b>N</b> -Non-veteran | <u>Race Codes</u><br><b>W</b> -White<br><b>H</b> -Native Hawaiian or other Pacific Islander<br><b>B</b> -Black or African American<br><b>A</b> -Asian<br><b>I</b> -American Indian or Native American | <u>Ethnicity Codes</u><br><b>1</b> -Hispanic/Latino<br><b>2</b> -Non-Hispanic/Latino | <u>Citizenship Codes</u><br><b>1</b> -citizen by birth or naturalization<br><b>2</b> -U.S. national<br><b>3</b> -eligible immigrant over 62 yrs<br><b>4</b> -eligible immigrant other |
|---|---|---|--|---|

	Household Member	SEX	VETERAN	RACE	ETHNICITY	CITIZENSHIP
1.	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____	_____



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 Authority 554 Chicog Street  
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## AUTHORIZATION FOR RELEASE OF INFORMATION

**This Authorization is effective for 15 months from the date of signature.**

**Each adult member of the household (18 years or older) must sign below.**

**PURPOSE:** The Lac du Flambeau Chippewa Housing Authority may use this AUTHORIZATION and the information obtained with it to administer and enforce Tribal and Federally subsidized Housing and or Emergency Financial Assistance Program Rules and or Policies.

**PROGRAMS COVERED:**

1. Rental Housing (NAHASDA, Rural Development 515, Tax Credit, etc.)
2. Home Ownership Programs (Lease, Purchase)
3. Financial Assistance Programs (U.S. Department of the Treasury, other Federal, State, Local, Tribal Dept.)

**AUTHORIZATION:** I, authorize the release of any information, including documentation and other material pertinent to eligibility for participation under any of the above-named programs. Additionally, I authorize the Lac du Flambeau Chippewa Housing Authority to obtain information about me or my family that is pertinent to eligibility for participation in any of the above-named programs.

**INFORMATION COVERED:** Inquiries may be made and information provided on the following:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Public Assistance (TANF, GA)                       | <input type="checkbox"/> G.A.P. Payments           | <input type="checkbox"/> Federal, State, Tribal or Local Benefits |
| <input type="checkbox"/> Credit History                                     | <input type="checkbox"/> Criminal Activity         | <input type="checkbox"/> Family Composition                       |
| <input type="checkbox"/> Medical Expenses                                   | <input type="checkbox"/> Identify Marital Status   | <input type="checkbox"/> Employment, Pensions & Assets            |
| <input type="checkbox"/> Social Security Numbers                            | <input type="checkbox"/> Child Care Payments       | <input type="checkbox"/> Handicapped Assistance Expenses          |
| <input type="checkbox"/> Residents Rental History                           | <input type="checkbox"/> Unemployment Compensation | <input type="checkbox"/> Wages, Earnings                          |
| <input type="checkbox"/> Loan Paperwork (all types)                         | <input type="checkbox"/> Mortgage Loan Approvals   | <input type="checkbox"/> Foreclosure Notices (on Loans)           |
| <input type="checkbox"/> Delinquency Notices (Loans, Rent, Utilities, etc.) |  |   |

**INDIVIDUALS OR ORGANIZATIONS THAT MAY RELEASE INFORMATION:** local, state, federal, governmental depts, but not limited to;

- |   |  |  |
|---|--|--|
| <ul style="list-style-type: none"> <li>* Financial Institutions</li> <li>* Credit Bureaus</li> <li>* Landlords (former &amp; present)</li> <li>* U.S. Social Security Administration</li> <li>* Utility Companies</li> <li>* Bureau of Indian Affairs</li> <li>* LDF Wellness Court</li> <li>* Tribal/County/State or Federal Dept/ Courts</li> </ul> | <ul style="list-style-type: none"> <li>* Welfare Agencies</li> <li>* Law Enforcement Agencies</li> <li>* Employers (former &amp; present)</li> <li>* Schools &amp; Colleges</li> <li>* U.S. Dept of Vet Affairs</li> <li>* U.S. Dept. of HUD</li> <li>* U.S. Dept of A.G. &amp; Rural Dev.</li> <li>* Federally Recognized Tribes (Administrations &amp; Depts)</li> </ul> | <p><b>PROVIDERS OF:</b></p> <ul style="list-style-type: none"> <li>* Alimony</li> <li>* Child Care</li> <li>* Credit</li> <li>* Child Support</li> <li>* Medical Care</li> <li>* Handicapped Assistance</li> <li>* Pensions</li> </ul> |
|---|--|--|

**CONDITIONS:** I, agree that photocopies of this authorization may be used for the purpose stated above. I, also understand that if I do not sign this authorization for the release of information, I can be denied eligibility for Tribal and/or Federal Housing Assistance.

(Head of Household Signature)	(Print Name)	____/____/____ (Social Sec. Number)	_____ (Date)
(Spouse/Significant Other Signature)	(Print Name)	____/____/____ (Social Sec. Number)	_____ (Date)
(OTHER Household Member Signature)	(Print Name)	____/____/____ (Social Sec. Number)	_____ (Date)
(OTHER Household Member Signature)	(Print Name)	____/____/____ (Social Sec. Number)	_____ (Date)
(OTHER Household Member Signature)	(Print Name)	____/____/____ (Social Sec. Number)	_____ (Date)
(OTHER Household Member Signature)	(Print Name)	____/____/____ (Social Sec. Number)	_____ (Date)