

(PLEASE DO NOT FILL IN THE DATE, TIME OR # LINES)

Date \_\_\_\_\_ Time \_\_\_\_\_ # \_\_\_\_\_.

**INCOME GUIDELINES:**

Current income guidelines are available at:  
[www.lewiscountyopportunities.com/housing\\_assistance.htm](http://www.lewiscountyopportunities.com/housing_assistance.htm)

1. Complete this chart for each member of your household. Start with **head** of household. All information is required to file your application.

Last Name	First Name	Middle Name	Date of Birth	Relation-ship	Social Security Number

Mailing Address \_\_\_\_\_.

Phone # \_\_\_\_\_.

- 2. Single Person \_\_\_\_ Yes \_\_\_\_ No
- 3. Is head of household: (circle one)    White        Black        Amer, Indian/Native Alaskan  
   Asian/Pacific Islander        Hispanic
- 4. Are you or any member of your household claiming a handicap or disability as a preference? \_\_\_\_ Yes \_\_\_\_ No
- 6. Number of bedrooms you are presently using? 1\_\_ 2\_\_ 3\_\_ 4\_\_ 5 or more
- 7. Number of years/months residing at the above address? \_\_\_\_\_
- 8. Total of household gross income \$\_\_\_\_\_ per week, month or year (Circle one)
- 9. Type of income that you have in your household (please list) \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_,

I am aware that in order to be eligible for the Housing Assistance Program, that a criminal background check is required on all adult household members. I am also aware that if findings are found, that it may make my household ineligible to participate with the program.

**(Anyone 18 years of age or older must sign below giving this office consent to conduct criminal background checks)**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Equal Housing  
Opportunity**