

Preliminary Statement of Eligibility

This form is to be completed by the person who wishes to be added to the household.

1.	Name of Head of Household:	Preferred Name (if any):
Applicant Information		
2.	Full Legal Name of Adult to be Added:	
Social Security Number:		Birth Date:
		Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X
		Are you a person with a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No
Race: <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Pacific Islander		Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Non-Latino
Current Address:		
Current Phone:		Email Address:
Are you enrolled in an institution of higher education? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you enrolled full-time? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of School:		Are you a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No

Applicant Income

Please list all current sources of income

Are you employed?		<i>Indicate Gross Monthly Amounts</i>	
Do you work full-time, part-time, or seasonally		<input type="checkbox"/> Yes \$ _____	<input type="checkbox"/> No
Do you work for someone who pays cash for labor		<input type="checkbox"/> Yes \$ _____	<input type="checkbox"/> No
Do you own or operate a business		<input type="checkbox"/> Yes \$ _____	<input type="checkbox"/> No
For any employment listed above, please provide:			
Employer Name:		Phone:	
Employer Name:		Phone:	
Have you applied for, or do you expect to receive, any of these benefits? (TANF, SSB, SSD, SSI, Unemployment Benefits, etc.)..... <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you currently receive:		<i>Indicate Gross Monthly Amounts</i>	
Unemployment Benefits		<input type="checkbox"/> Yes \$ _____	<input type="checkbox"/> No
Social Security Benefits (SSB)		<input type="checkbox"/> Yes \$ _____	<input type="checkbox"/> No
Social Security Benefits (SSD)		<input type="checkbox"/> Yes \$ _____	<input type="checkbox"/> No
Supplemental Security Income (SSI)		<input type="checkbox"/> Yes \$ _____	<input type="checkbox"/> No
Temporary Assistance to Needy Families (TANF)		<input type="checkbox"/> Yes \$ _____	<input type="checkbox"/> No
Child Support through Oregon Child Support Program		<input type="checkbox"/> Yes \$ _____	<input type="checkbox"/> No
Child Support through other state's Child Support Program		<input type="checkbox"/> Yes \$ _____	<input type="checkbox"/> No
Child Support as direct payment from parent		<input type="checkbox"/> Yes \$ _____	<input type="checkbox"/> No
Alimony		<input type="checkbox"/> Yes \$ _____	<input type="checkbox"/> No
Military pay or Veteran's Benefits		<input type="checkbox"/> Yes \$ _____	<input type="checkbox"/> No
Worker's Compensation or other disability pay		<input type="checkbox"/> Yes \$ _____	<input type="checkbox"/> No
Regular income or stipend from a job training or national service program		<input type="checkbox"/> Yes \$ _____	<input type="checkbox"/> No
Regular income from a pension, annuity, or retirement account		<input type="checkbox"/> Yes \$ _____	<input type="checkbox"/> No
Regular income from a trust fund		<input type="checkbox"/> Yes \$ _____	<input type="checkbox"/> No
Financial aid for college or trade school		<input type="checkbox"/> Yes \$ _____	<input type="checkbox"/> No
Regular contributions or bills paid regularly by someone else		<input type="checkbox"/> Yes \$ _____	<input type="checkbox"/> No
Income from assets: checking/savings account interest, certificates of deposit, stocks, bonds, or income from rental property		<input type="checkbox"/> Yes \$ _____	<input type="checkbox"/> No
Do you receive any regular income not listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Please provide details for any income not listed above

Source of Income	Gross Monthly Amount
	\$
	\$
	\$
	\$

Applicant Assets

Do you have a checking or savings account?..... Yes No

If yes, please list below all bank, savings and loan, or credit union accounts

Name on Account	Bank Name	Account Type	Current Interest Rate	Current Balance

Do you own any real estate?..... Yes No

Do you own any stocks, bonds, or Certificates of Deposit (CDs)? Yes No

Do you have other investments? Yes No

Have you sold or given away assets in the last two (2) years? Yes No

Have you received a large sum of money, such as a settlement or inheritance in the last two (2) years? Yes No

Please provide details for any "Yes" answer above

Program Integrity

Have you used any name(s) or Social Security numbers other than the name you are using now (including maiden names)? Yes No

If yes, please provide the name(s) or SS numbers used: _____

Prior to now, have you lived in Public Housing, HUD Housing, Section 8, or other subsidized housing either here or in another city? Yes No

If yes, please list where and when: _____

Have you ever been convicted of production/manufacture of methamphetamine on the premises of federally-assisted housing? Yes No

If yes, please list where and when: _____

Have you been arrested or convicted for the sale, manufacture, or distribution of a controlled substance (drugs) within the last five (5) years? Yes No

If yes, please list where and when: _____

Have you been arrested or convicted for a drug-related or violent crime in the past three (3) years? Yes No

If yes, please list where and when: _____

Have you been convicted of identity theft within the last three (3) years? Yes No

If yes, please list where and when: _____

Are you subject to a lifetime registration requirement under any state's Sex Offender Registration program? Yes No

If yes, please list where: _____

Applicant Certification

I do hereby swear and attest that all the information reported on this form about me is true and complete. I understand that Home Forward is required to verify the information that I have reported. I understand that any misrepresentation of information, or failure to disclose information requested, may be grounds for denial of assistance and is punishable under Federal law.

WARNING: Title 18, Section 1001 of the United States Code, states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States.

Applicant Signature:	Date:
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