



Resident Application for Program Enrollment

Instructions: Applications for enrollment in the Landlord Risk Mitigation program are processed on a first-come, first served basis. Applicants can submit this completed form (and supporting materials) in-person at the BHA Office or via email (jcraig@blha.net). Applications are reviewed and placed on waitlist for program enrollment. Applicants will be contacted to complete tenant education seminar to be fully eligible for the LRMF as a tenant.

Application Type (for office use only): <input type="checkbox"/> Section 8/HCV <input type="checkbox"/> Non-HCV/City Resident <input type="checkbox"/> Non-HCV/County Resident
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Head of Household: _____

Home Address: _____
Street City State Zip Code

Email Address: _____

Cell or Home Phone: _____

Dependents or other Persons living in your household: # of Adults _____ # of Children _____
 (list all household members below)

Name:	Relationship:	Birthdate:	S.S. Number:	Under 18?	Race	Gender	Ethnicity
--- (See Codes Below) ---							
_____	HOH/Self	__/__/__	__-__-__	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____	_____	_____
_____	_____	__/__/__	__-__-__	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____	_____	_____
_____	_____	__/__/__	__-__-__	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____	_____	_____
_____	_____	__/__/__	__-__-__	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____	_____	_____
_____	_____	__/__/__	__-__-__	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____	_____	_____
_____	_____	__/__/__	__-__-__	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____	_____	_____
_____	_____	__/__/__	__-__-__	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____	_____	_____

Demographic Codes:

Race Code (select all that apply): (A) African American/Black; (B):American Indian/Alaskan Native; (C) Asian; (D) Caucasian/White; (F) Native Hawaiian or Pacific Islander; (G) Other

Gender Code: (1) Female; (2) Male; (3) Other (LGBTQ)

Ethnicity Code: (1) Non-Hispanic (2) Hispanic

- Are you currently a Section 8 client? NO YES
- Is the Head of Household or any other household member disabled? No Yes (if yes, list on line below):

- Employment Income Information:**
 Current Employer: _____ Phone: _____ Position: _____
 Employment Status (please check appropriate response):
 ___ Full-time ___ Part-time ___ Self-Employed ___ Seasonal Work ___ Hours per Week ___ Unemployed
 Gross Income (before taxes): \$ _____ per (week/bi-weekly/month/hour) (circle most appropriate pay frequency)
- Other Household Income (Other Employment, SNAP, Child Support, Social Security, SSI, Other, etc.)**
 Source: _____ Amount: _____ How Often _____
 Source: _____ Amount: _____ How Often _____
 Source: _____ Amount: _____ How Often _____
 Source: _____ Amount: _____ How Often _____

HOUSING QUESTIONNAIRE

5. What describes your current housing situation?

- Currently housed, looking (lease ends: _____)
- Currently looking (doubled-up, staying with friend/family)
- Currently looking (experiencing homelessness)
- Other: _____

6. What size bedroom are you seeking? _____

7. Where are you seeking to lease up? (check all that apply):

- Within City Limits Outside City Limits (within Monroe County)

8. Would you be able to cover the costs of housing expenses (rent/utilities) each month? Yes No

Additional Information (Optional): _____

9. What is your current plan to pay your security deposit once accepted to a rental property? Do you have the money on-hand/available to you now? _____

10. Have you recently been denied from a rental unit? No Yes (if yes, what was the reason given by landlord?):

11. Does anyone in your household have a history of legal charges that might impact background screen?

- No Yes (if yes, please describe the charges/level of charge):

12. Has anyone in your household been evicted from a property where they were on the lease?

- No Yes (if yes, how many times? And approximate eviction dates): _____

13. Are you currently participating in Rapid Rehousing or any other Supportive Housing Assistance Program?

- No Yes (if yes, what program(s)?): _____

14. I hereby acknowledge that to complete my application, I will need to submit this completed (signed) application and provide copies of requested documentation on the next page.

- I will provide all requested documentation on the next page.
- I understand that failure to provide requested documentation will result in application not being processed.

15. By signing this application, I certify the information I have provided is true and complete. I understand any person who knowingly files an application containing any false, incomplete, or misleading information may have benefits revoked and be held personally responsible for all illegally obtained benefits.

I hereby give my consent for release of all the above information in order to be considered for enrollment in the LRMF program. I have attached all appropriate documentation. I understand this documentation will be used to assess the level of financial assistance that maybe provided through the LRMF program.

Signature of Applicant (must be at least 18)

Date



REQUESTED DOCUMENTATION*

(for LRMF Program Enrollment)

*Section 8/HCV Participants only need to complete the 1st Checklist Item
(i.e., if no change in household composition and/or household income)

Complete Resident Application for Enrollment (signed)

Proof of Income:

- Most recent paystubs (last 30 days) for each employed person in household
- Current award letter for Social Security Benefits (SSI, SSDI)
- Proof of other benefits/income listed (SNAP, child support, other)

Proof of Household Member Identity

- Valid State ID or License for all adult household members (18+)
- Social Security Card for all household members
- Birth Certificate for all household youth (under 18)

Proof of Residency

- Valid State ID or License for all adult household members (18+)
- Computer-generated bill from a utility company, credit card company, doctor, hospital bill, other.....