

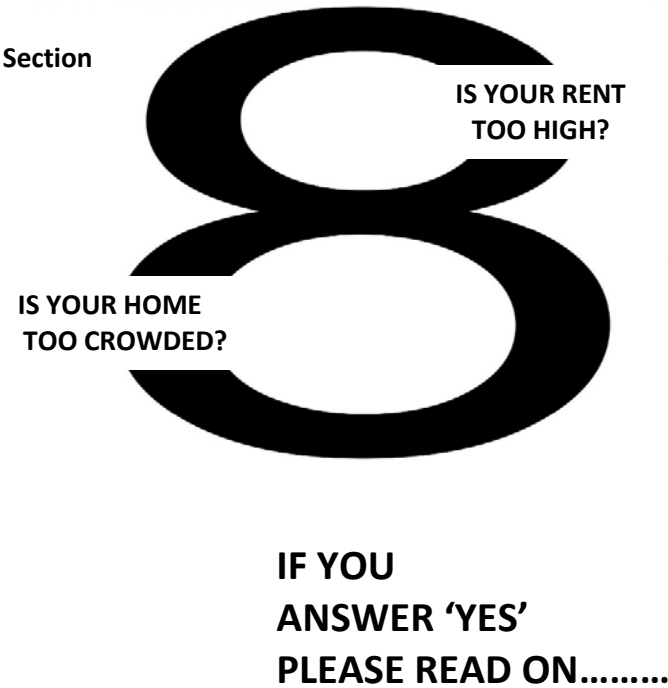
INSTRUCTIONS FOR COMPLETING APPLICATION

PART I – Please provide all information for all family members. Please provide Social Security Numbers for all children, if available.

PART II – Please complete this information using your current address.

PART III – When completing wage and benefit information, please indicate if the figures you provide **are yearly** or **monthly** income.

Please be sure to note that you are responsible for Informing this office of address changes.



THE MONTANA DEPARTMENT OF COMMERCE

SECTION 8 HOUSING ASSISTANCE PAYMENT PROGRAM FOR HOUSING

...is a way to help you with rental costs. It may help you afford a better place to live. The program pays your landlord part of your monthly rent.

YOU MAY QUALIFY IF:

- 1. Your household includes one of the following:
 - Yourself and one or more family members
 - A single person 62 years of age or older, a single person who is disabled or handicapped, a single person who is pregnant, or a single person
 - Persons who are handicapped, disabled or 62 years of age or older who live with other persons also handicapped, disabled or over 62, or who live with someone who takes care of them
 - Persons displaced by governmental action or natural disaster

AND...

- 2. Your total household income is not over program limits



HOUSEHOLD STATUS (Check as many as apply) ☐ Age 62 or Over ☐ Disabled ☐ Handicapped ☐ Pregnant ☐ None of the Previous

TELEPHONE _____ DO YOU LIVE WITHIN CITY LIMITS? _____

TENANT STATEMENT – I/We certify that the statements in Parts I, II and III above are true and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal Law.

Signature of Spouse and Date

FILE #: