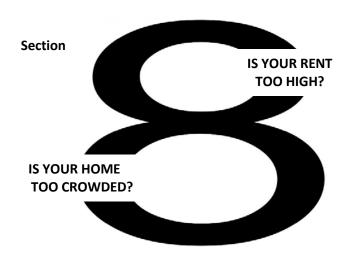
INSTRUCTIONS FOR COMPLETING APPLICATION

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.



IF YOU
ANSWER 'YES'
PLEASE READ ON.......

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



APPLICATION FOR SECTION 8 HOUSING ASSISTANCE PAYMENTS PROGRAM

This application does not obligate you in any way. Applicants will be taken on **first-come**, **first-served** basis by application date. **Participation is limited**, so complete this application and return it to this agency as soon as possible. If you have questions, please call. In order to expedite your application, please complete **all** questions.

Return to: Whitefish Housing Authority

PO Box 1237 Whitefish, MT 59937

Household Member Household Member Number You				PAR	RT I				
Head Sorour / Sorour / Description / ETHNICITY (Enter one code) 1 = Hispanic 2 = Non-Hispanic	Member					•	Relationship to You	Sex	Date of Birth (Month, Day, Year)
Co-Treast Co-Treast									,
2 3 4 5 6 7 ETHNICITY (Enter one code) 1 = Hispanic 2 = Non-Hispanic									
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ETHNICITY (Enter one code) 1 = Hispanic 2 = Non-Hispanic NUMBER OF F MINORITY (Enter one code) 1 = White 2 = Black 3 = American Indian or Alaskan Native 4 = Asian or P HOUSEHOLD STATUS (Check as many as apply) Age 62 or Over Disabled Handicapped Pregnation of Part II MAILING ADDRESS PO BOX (Street name if applicable) CITY COUNTY STATE PART II Family Wages, Salaries, Pensions, Etc. Public Assistance (Incl. SSI) PART III Family Wages, Salaries, Pensions, Etc. Public Assistance (Incl. SSI) Formumber Head Spouse / Go-Tensent PRIVACY ACT STATEMENT - The information on this form is being collected by the Department of HUD to determ be used to provide the basis for managing the programs covered by this form, for protection the Government's finar accuracy of the information furnished. It may be released to appropriate Federal, State and Local agencies when rele nivestigators or prosecutors. It is not mandatory to provide social security number. However, failure to provide any in ejection of your eligibility approval. The Department is authorized to ask for this information by the U.S. Housing Act 1437 et seq., the Housing and Community Development Amendments of 1987, P.L. 97-35, 85 Stat., 348, 408. TENANT STATEMENT – IWe certify that the statements in Parts I, II and III above are true and complete to the bes	4								
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MINORITY (Enter one code) 1 = White 2 = Black 3 = American Indian or Alaskan Native 4 = Asian or P. HOUSEHOLD STATUS (Check as many as apply) Age 62 or Over Disabled Handicapped Pregnation of P. Part II MAILING ADDRESS PO BOX (Street name if applicable) CITY COUNTY STATE TELEPHONE DO YOU LIVE WITHIN CITY LIMITS? PART III Family Member Retc. Public Assistance (incl. SSI) Income from Assets Other Assets, sure Head Spouser Co-Tenant PRIVACY ACT STATEMENT – The information on this form is being collected by the Department of HUD to determ the used to provide the basis for managing the programs covered by this form, for protection the Government's finar accuracy of the information furnished. It may be released to appropriate Federal, State and Local agencies when relead to reset in the provide and interpretation of your eligibility approval. The Department is authorized to ask for this information by the U.S. Housing Act 1437 et seq., the Housing and Community Development Amendments of 1987, P.L. 97-35, 85 Stat., 348, 408. IENANT STATEMENT – I/We certify that the statements in Parts I, II and III above are true and complete to the bese statements in Parts I, II and III above are true and complete to the bese statements.	7								
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RELEASE NOTE: Should you relocate prior to being contacted by our Field Agent, please be sure Commerce office in writing with your new address. <i>If our Field Agent cannot contact you, your number to required to reapply.</i>	Commerc	e office in writing wit							

FILE #: