

SECURITY DEPOSIT / RENTAL ASSISTANCE

APPLICANT NAME:		
Current Address:		
City, State, Zip Code:		
Home Phone:	Alternate Phone:	
Email:		

HOUSEHOLD COMPOSITION

(List the Head of Household and all other members who will be living in the unit. Give the relationship of each family member to the head.)

Member's Full Name	Relationship	Birthdate	Age	Sex	Social Security No.

Race of Head of Household (Check all that apply) - Required (This information is being collected to assure compliance with fair housing and equal opportunity rules.)					
☐ White☐ Black☐ Native American/Alaskan Native			☐ Asian/Pacific Islander☐ Hispanic		
INCOME INFORMAT	TION				
	ual income of all house ch as alimony, child su				
Member's Full Name	Source of Income	Annual Amount		Payment Basis (weekly, monthly, etc.)	
ASSET INFORMATION List the type and sou estimated annual income	rce of any family assets	s. Provide botl	n the curren	t cash value and t	
Member's Full Name	Type and Source of Asset (e.g.bank accounts, investments)		Cash Value of Asset	Annual Income from Asset	

EXPENSE INFORMATION

☐ Yes ☐ No	Does your household have un-reimbursed medical expenses in excess of 3 percent of annual income?				
☐ Yes ☐ No	Does your household pay child care expenses for children under the age of 13 that enable a family member to work or go to school?				
☐ Yes ☐ No	Does your household pay care expenses for the care of a family member with disabilities that enable a family member to work?				
APPLICATION CERTIFICATION: I/we understand that the above information is being collected to determine if I/we are eligible to receive rental assistance. I/we authorize the IFCA Housing Network to verify all information provided on this application.					
Head of Household Signature:		Co-Applicant Signature:			
Date:		Date:			