

TEXAS CITY HOUSING AUTHORITY APPLICATION/INITIAL INTERVIEW WORKSHEET

Head of Household Information

Name:		Marital Status:	
Birthdate:	SSN:	Birthplace:	
Current address:		Phone:	
City:	State:	ZIP Code:	
Monthly rent:	Landlord name:	How long:	
Anticipated move out date:		Landlord Phone:	

Household Income (Check all that applies and list who receives, how much, and how often)

Employment Self-employment Social Security/SSI Child Support
 TANF Retirement Unemployment Other (Fully Explain)

MEMBER	TYPE OF INCOME	AMOUNT RECEIVED	HOW OFTEN

Other Household Members

NAME	RELATIONSHIP	BIRTHDATE	BIRTHPLACE	S. S. NUMBER

Deductions and Other Information

Do you wish to claim childcare expenses? (For children under 14 only) YES NO

Provider:	How much paid:	How often:
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List all children who attend:

Do you wish to claim medical expenses? (For disabled households only) YES NO

Approximate monthly cost of all medical expenses:

Do you receive Food Stamps? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, how much per month:
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Bank Accounts (Select all that apply): Checking Savings Both None

If any, name of Bank or Financial Institution:

PREVIOUS ADDRESS	LANDLORD NAME	PHONE NUMBER

Are you a port? Yes No If yes, from which HA?

By signing below I confirm the information provided is true to the best of my knowledge

Signature of HOH:	Date:
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