



**Greenville Housing Fund**  
local solutions for local people

**TENANT RENTAL ASSISTANCE PROGRAM APPLICATION**

**APPLICANT INFORMATION**

Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ SSN:     -     -     -

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Home Number: (    ) \_\_\_\_\_

Monthly Rent: \_\_\_\_\_

**HOUSEHOLD COMPOSITION**

HH Mbr#	Last Name	First Name & Middle Initial	Relationship to Head of Household	Date of Birth (MM/DD/YYYY)	Social Security or Alien Reg. No.
1			<b>HEAD</b>		
2					
3					
4					
5					

**HOUSEHOLD GROSS INCOME**

HH Mbr#	(A) Employment or Wages	(B) Soc. Security/Pensions	(C) Public Assistance	(D) Other Income
1				
2				
3				
4				
5				
Totals				

**Add totals from (A) through (D)    Total Income** \_\_\_\_\_ **\$** \_\_\_\_\_

**HOUSEHOLD CERTIFICATION & SIGNATURES**

The information on this form will be used to determine maximum assistance eligibility. I/we have provided each person(s) set forth in Part II acceptable verification of current anticipated annual income. I/we agree to notify the landlord immediately upon any member of the household moving out of the unit or any new member moving in.

Under penalties of perjury, I/we certify that the information presented in this Application is true and accurate to the best of my/our knowledge and belief. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of the lease agreement.

Signature _____	Date _____	Signature _____	Date _____
Signature _____	Date _____	Signature _____	Date _____

**Greenville Housing Fund is an equal opportunity organization. We adhere to a policy of making funding decisions without regard to race, color, religion, sex, national origin, citizenship, marital status, disability, or age.**