

Section 8 Housing Choice Voucher Rental Assistance Lottery Entry Form

This entry form is for the lottery pool for our Section 8 Rental Assistance program in Canyon County. You must return this form to our office (377 Cornell St., Middleton, Idaho 83644) by 3:30 pm on March 17, 2014 or have it postmarked no later than March 17, 2014. All entries received after these times will not be accepted. **All valid entries will be randomly selected and placed on the Canyon County waiting list on March 26, 2014.** Beginning on April 1, 2014, the waiting list for Canyon County will be opened for the public and will remain opened until further notice. If your name is drawn in the lottery, you do not need to reapply.

ONLY ONE ENTRY PER FAMILY IS ALLOWED – All other entries will be discarded.

1. HEAD OF HOUSEHOLD INFORMATION

Last Name _____ First Name _____ Middle Initial _____
Social Security Number _____ Date of Birth _____
Mailing Address _____
Telephone number _____ Alternate Telephone Number _____

2. INFORMATION ABOUT SPOUSE

Last Name _____ First Name _____ Middle Initial _____
Social Security Number _____ Date of Birth _____

3. HOW MANY PEOPLE WILL LIVE IN THE UNIT? Please include yourself. ADULTS _____ CHILDREN _____

4. DO ANY PERSONS WHO WILL LIVE IN THE UNIT HAVE A DISABILITY? Yes _____ No _____

5. I WOULD LIKE MY NAME PLACED ON THE PUBLIC HOUSING WAITING LIST. Yes _____ No _____

6. FOR HUD STATISTICAL PURPOSES ONLY

Please identify your race and ethnicity by checking one box in each of the two categories below:

Check One:
 White Asian Black/African American
 American Indian/Alaska Native
 Native Hawaiian/Other Pacific Islander

Check One:
 Hispanic or Latino
 Not-Hispanic or Latino

7. SOURCE(S) OF FAMILY INCOME; CHECK ALL THAT APPLY AND IDENTIFY MONTHLY AMOUNT:

Wages _____ Social Security _____ SSI _____ TANF/Welfare _____
 Child Support/Alimony _____ Self-Employment _____ Retirement Benefits _____
 Unemployment _____ Disability Benefits _____ Military Pay _____

8. I CERTIFY THAT THE ABOVE INFORMATION IS ACCURATE AND COMPLETE.

I understand that submission of false information or misrepresentation may result in loss of eligibility to participate in the housing choice voucher program.

Date _____ Signature of Head of Household _____