

Appendix I HAP Application

Utah Housing and Community Development Division Housing Assistance Program • Application for Assistance

APPLICANT NAME _____

Current Address: _____

City, State, Zip Code: _____

Home Phone: _____ Alternate Phone: _____

DEMOGRAPHIC INFORMATION

(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 of household.)

Applicant's full name	Relationship	Age	Sex

RACE (Check one)

- White
- Black/ or African American
- Asian
- American Indian or Alaska Native
- Native Hawaiian or other Pacific Islander
- Multiracial
- Other _____

HISPANIC/LATINO ETHNICITY (Check one)

- Yes
- No



Appendix I HAP Application Page 2

CONFLICT OF INTEREST

1- Is anyone in the household currently serving or has served within the last 12 months as an employee, agent, consultant, officer, or elected or appointed official of the Agency?

Yes No

If yes, identify who, organization name, and role: _____

2- Is anyone in the household related to anyone who is currently serving or who has served within the last 12 months as an employee, agent, consultant, officer, or elected or appointed official of this agency?

Yes No

If yes, identify who, organization name, and role: _____

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 State of Utah to verify all information provided on this application.

Head of Household Signature Date	Spouse Signature Date

