

**Harrison Housing Authority**  
**202 W. Stephenson**  
**Harrison, Arkansas 72601**  
**Phone: 870-741-8673 Fax: 870-741-6369**  
**Email: contact @arkansasharrisonhousing.org**

## Rental Assistance Application

List the names of all persons who will occupy the residence:

Name (Last, First, MI)	Age	Sex	Relationship	Social Security Number	Date of Birth
1.			SELF		
2.					
3.					
4.					
5.					
6.					

Current Street Address		City, State Zip
Mailing Address		City, State Zip
Phone	Email:	

**Emergency/Additional Contact:**

Name	Address
Phone	Relationship

Does anyone live with you currently who is not listed above? \_\_\_\_\_

Does anyone plan to live with you in the future who is not listed above? \_\_\_\_\_

Explain if you answered yes to either question \_\_\_\_\_

**Race of Head of Household: (Optional: For statistical purposes only)**

- White   
  Black   
  American Indian  
 Asian   
  Pacific Islander   
  Alaskan Native

**Ethnicity:**

- Hispanic  
 Non-Hispanic

YES	NO	PLEASE CHECK ANSWER FOR ALL QUESTIONS
		Is anyone listed in the household age 18 or over and a full-time student? Name(s):
		Are any household members temporarily absent? Name & Age: Date they are expected to return to the household?
		Have you or any member of your family ever-received rent assistance before? Where & When:
		Have you or any member of your family ever been evicted from any HUD or other Federally assisted housing? Please explain:

YES	NO	PLEASE CHECK ANSWER FOR ALL QUESTIONS		
		Are any members of the household disabled? If yes, please list household members:		
		Do you need a live in aid?		
		Do you or any family member require reasonable accommodation due to a handicap/disability? Please explain:		
		Do you or any member of your family have a history of drug or alcohol abuse?		
		Have you or any member of your household been involved in violent criminal activity? (This includes but is not limited to, domestic violence charges)		
		Have you or any member of your household been involved in drug-related criminal activity? (This includes but is not limited to, possession charges)		
		Are you or any member of your household listed or required to be on a sex offender registry?		
		Are you or any member of your household fleeing to avoid prosecution, custody, or confinement after conviction of a felony?		
		Are you or any member of your household in violation of a condition of probation or parole imposed under Federal or State law?		
		Are you adding a service or companion animal to your expenses? If yes, please provide proof of ownership and proof of all reasonable expenses.		
YES	NO	Family Member Name	Income Type	Monthly Gross Income
			Social Security	
			SSI	
			Other Disability	
			Pension	
			Gifts	
			FIP	
			Child Support	
			Alimony	
			Wages/Salary	
			Unemployment	
			Military Pay	
			Net Business/Farm Income	
			Real Estate Contract Payments	
			Rental Income	
			Retirement Plans	
			Family/Friend Support	
			Other	
			Other	

I/We certify that the information given to the Harrison Housing Authority is accurate and complete to the best of my/our knowledge and belief. I/We understand that submittal of false statements or information is punishable under Federal law and reason for denial or termination of assistance.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_