

# DIXIE SUN MANOR

## Senior Public Housing

**975 N. 1725 W. #101, ST. GEORGE, UTAH 84770**  
**(435) 628-3648**

**\*This is an application for the waiting list for tenancy approval of Dixie Sun Manor\***  
**\*A PREFERENCE WILL BE GIVEN TO APPLICANTS RESIDING IN WASHINGTON COUNTY\***  
*Please print and answer all questions to the best of your ability. Reasonable accommodation is available if you require assistance filling out this application. Please ask a staff member for more information. All information contained herein will be kept in strict confidence.*  
**NOTE: AS OF JULY, 2006, WE WILL NO LONGER BE ACCEPTING APPLICATIONS FROM APPLICANTS WHO SMOKE**

1. \_\_\_\_\_  
Head of household Telephone: Home Work Name of Spouse (maiden)

2. \_\_\_\_\_  
Address City, State ZIP How long at this address

Are you currently or have you ever received housing subsidy from any Federal Program? Y\_\_\_N\_\_\_

List Agency \_\_\_\_\_

Do you currently owe money to any housing authority? Y\_\_\_ N\_\_\_

Have you or any family member ever been convicted of a crime which was violent, drug related or of a sexual nature Y\_\_\_ N\_\_\_

If yes, please explain: \_\_\_\_\_

Have you or a household member ever been evicted from an Assisted Housing Program for drug related or criminal activity? Y\_\_\_ N\_\_\_

**CHECK ONE:** Married \_\_\_ Single \_\_\_ Widow/Widower \_\_\_ Divorced \_\_\_ Separated

**CHECK ONE:** White \_\_\_ Black \_\_\_ American Indian \_\_\_ Hispanic \_\_\_ Asian/Pacific Islander \_\_\_ Other \_\_\_

**\*ARE YOU A U.S. CITIZEN? Y\_\_ N\_\_ DO YOU RECEIVE DISABILITY SSI/SSDI? Y\_\_N\_\_ DO YOU SMOKE? Y\_\_N\_\_**

*(This information is requested in compliance with HUD regulations)*

*\*You will be asked to verify U.S. citizenship in accordance with HUD regulations*

**FAMILY OR HOUSEHOLD COMPOSITION:** List the name of all persons who will live with you, **including yourself and live-in aide if medically necessary**

Full Name	Sex	Birth Date	Age	Relationship	Social Security #



**WARNING! Title 18, Section 1001 of the United States Code, states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States.**



**TOTAL HOUSEHOLD INCOME:** List all money earned or received by every person living in your household. This includes money from wages, self-employment, child support, contributions, Social Security, disability payments (SSI), Workman’s Compensation, retirement benefits, AFDC, Veterans benefits, rental property income, stock dividends, income from bank accounts, alimony, and any other sources.

If you receive income from any of the sources listed above, please list the amounts received below:

Household Member	Source of Income	Amount Received	Frequency	Annual Income

**ASSETS:** If you answer yes to any of the following questions, please list below. Do you or any household member own or have an interest in any real estate, boat, and/or mobile home? Y \_\_\_\_\_ N \_\_\_\_\_  
 Do you own any stocks or bonds? Y \_\_\_\_\_ N \_\_\_\_\_  
 Do you have savings accounts? Y \_\_\_\_\_ N \_\_\_\_\_ If yes, list bank and approximate balance below:

**RESIDENTIAL HISTORY:**

Please tell us where you have lived for the past five years. Failure to provide complete and accurate information could result in the cancellation of your application.

Previous Residences:

Street Address City State Zip Manager/Owner Name Phone Number Move in Date

Street Address City State Zip Manager/Owner Name Phone Number Move in Date

**I HEREBY UNDERSTAND THAT THIS APPLICATION ALLOWS MY PLACEMENT ON THE PUBLIC HOUSING WAIT LIST, BUT DOES NOT GUARANTEE THAT I WILL RECEIVE HOUSING ASSISTANCE.**

**I HEREBY CERTIFY THE ABOVE INFORMATION IS CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND MAY BE USED FOR THE PURPOSE OF VERIFICATION. I UNDERSTAND THAT THIS IS NOT A CONTRACT AND DOES NOT BIND EITHER PARTY.**

**I ALSO UNDERSTAND THAT ALL ADDRESS CHANGES WILL BE REPORTED TO THE HOUSING AUTHORITY IN WRITING. ST GEORGE HOUSING AUTHORITY WILL NOT BE HELD RESPONSIBLE FOR ANY NOTIFICATION OR CORRESPONDENCE LETTERS THAT I DO NOT RECEIVE, INCLUDING LOST OR STOLEN MAIL.**

Signature of Applicant Date Signature of Co-Applicant Date

\* The Housing Authority complies with Section 504 of the Rehabilitation Act of 1973 in providing individuals with a disability equal access to the services, programs and activities the Housing Authority offers. Upon request the Housing Authority will provide reasonable accommodations to individuals with disabilities.

“All persons will be treated fairly and equally without regard to race, color, religion, sex, familial status, handicap, or national origin in compliance with the Fair Housing Act.” No person shall, on the ground of race, color, sex, religion, national or ethnic origin, familial status, or disability be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under the St. George Housing Authority housing programs.



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