

Housing Need Letter

I, (applicant's name) _____ hereby state the following.

I will be moving, if approved with the following dependent(s) and / or family members.

Name (Dependent / Family Member) _____ Age _____ Gender _____

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Housing need

A housing need will be verified by the HSD and a member of the HSC during home visit. Housing need is defined by one or more of the following criteria – ***Please circle/check your need***

- A _____ Unsafe living conditions: building code violations, unsafe neighborhood
- B _____ Overcrowding: inadequate number of bedrooms based on number, ages and sexes of those living in the household
- C _____ Cost Burden: costs for housing alone exceed 30% of gross monthly household income
- D _____ Living in a residence that is not secured by an official lease agreement
- E _____ Unable to qualify for a traditional mortgage loan
- F _____ Government-subsidized housing or income-based housing: housing authority or Section 8 housing

G _____ Other _____

Applicants Signature: _____ Date _____