

Applicant Screening Questionnaire
Montana Department of Commerce Section 8 Housing Program

Family Member

Date of Birth

Social Security Number

Add Additional Members on separate page

Have you or any other family member ever received Housing Assistance? Yes No

If yes, where _____

Have you or any other family member ever been evicted from Public Housing, Indian Housing, Section 23 or any Section 8 Housing Program? Yes No

Does any family member owe money to any Public Housing Agency? Yes No

If yes, state name of Public Housing Agency and amount owed. _____

Does anyone in your household use any drugs considered to be illegal by the Federal or Local Government?

Yes No If yes, which member? _____

Have any family members ever: **1)** Been arrested or convicted of any crimes? Yes No **2)** Engaged in drug-related criminal activity? Yes No **3)** engaged in violent criminal activity? Yes No

If 1, 2, or 3 is yes, list specific instances and dates _____

Is any family member subject to a lifetime registration requirement under a State sex or violent offender registration program? Yes No If yes, list name of State _____

Does anyone in your household have a pattern of conduct that has interfered with the health, safety, or right to peaceful enjoyment of other residents? Yes No

If yes, please explain _____

Has any household member ever used a different name? Yes No

If yes, which member and other name _____

I certify that the above information is true and correct to the best of my knowledge. I also understand that false statements or information are punishable under Federal law. Providing fraudulent information is grounds for denial of housing assistance.

Signature of Head of Household

Current Mailing Address