

Application for Public Housing

Office Use Only:

Bedrooms _____

Area _____

De/Source _____

Location _____

Employee _____

All applicants must provide the following:

In order for the Housing Authority to determine your need for housing and the appropriate size unit for your family, the following items must be completed or submitted when your formal application is accepted. Please take note that all incomplete applications will be held on file for 60 days and then moved to an inactive status.

1. Certified birth certificates of all members of the household including the head and spouse.
2. Proof of income and verification of family assets of all family members. **(Social Security or Supplemental Security Income award letter, notarized statement of monthly Contributions, last four (4) consecutive pay stubs).**
3. Divorce decree(s), marriage license, or other documentation which applies to its individual circumstances.
4. A copy of your last Federal Income Tax Return, if applicable.
5. Social Security cards of all members of the family.
6. Current Photo Id.

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 OR THE DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT.

WARNING! THE OFFICIAL CODE OF GEORGIA, SECTION 16-9-55, AS AMENDED, STATES THAT A PERSON IS GUILTY OF A MISDEMEANOR FOR FRAUDULENTLY OBTAINING OR ATTEMPTING TO OBTAIN PUBLIC HOUSING OR REDUCTION IN PUBLIC HOUSING RENT.

NOTICE: Any attempt to obtain public housing, any rent subsidy or rent reduction by false information, impersonation, failure to disclose, or other fraud or any act of assistance to such attempt is a crime under Georgia Code Section 16-9-55 and U.S. Code Title 18, Section 1001, punishable by a fine of up to \$10,000 or imprisonment of up to 5 years or both.

I/we, the undersigned, do hereby swear and attest that all of the information above is true and correct. I/we also understand that I/we are required to report all changes in the income or composition of my family members to the Housing Authority within 10 days of the change. I understand that this is not a contract and does not bind either party as to furnishing an apartment or accepting an apartment if offered.

Applicant's Signature

Co-Applicant's Signature

Print Name

Date

Please Print Clearly:
General Information

Name: _____

Social Security Number: _____ Date of Birth: _____

Mailing Address: _____ City _____

Street Address: _____ City _____

State _____ Zip _____ How long have you lived here? _____

Telephone Number: _____ Cell: _____

Employment Information

Employed By: _____ Work Phone: _____

Job Title: _____ How Long: _____

Current Landlord Information

Current Landlord's Name: _____ Phone: _____

Current Landlord's Address: _____

Prior Landlord Information

Prior Landlord's Name: _____ Phone: _____

Prior Landlord's Address: _____

Public Housing Information

Reason for application: _____ Substandard _____ Without or about to be without housing
_____ Displaced by _____
_____ Flood/Fire _____ Displaced by Government Body
_____ Displaced by _____
_____ Housing Owner _____ Displaced by actual
_____ Threats of Violence

Do you spend more than 50% of your income for rent or utilities? Yes No

Do you wish to claim a handicapped preference? Yes No

Do you currently or have you ever lived in federally assisted housing? Yes No

If yes, when? _____ Where? _____

Household Information

Household Composition

Name of Household Member	Relationship to Head	Sex M/F	Place of Birth	Date of Birth	Full time Student? Y/N	Disabled/ Handicapped	SS #
1.	Head of Household						
2.							
3.							
4.							
5.							
6.							
7.							
8.							

Household Income

Name of Household Member	Wages Salaries Etc.	Social Security Pensions	AFDC	SSI	Child Support	Other
1.	\$	\$	\$	\$	\$	\$
2.	\$	\$	\$	\$	\$	\$
3.	\$	\$	\$	\$	\$	\$
4.	\$	\$	\$	\$	\$	\$
5.	\$	\$	\$	\$	\$	\$
6.	\$	\$	\$	\$	\$	\$
7.	\$	\$	\$	\$	\$	\$

Total Monthly Income: \$ _____

DO YOU CURRENTLY OWN OR HAVE YOU WITHIN THE PAST TWO YEARS DISPOSED OF ANY OF THE FOLLOWING? Yes No

Insurance Settlements, Stocks, Bonds, Certificates of Deposits, Saving Accounts, Checking Accounts, Land, House, Trailer, Etc.

Net Family Assets: _____

Total \$

Minority: White Black Asian American Indian Alaskan Native Pacific Islander

Ethnicity: Non-Hispanic Hispanic

Marital Status: Single Married Date _____ Divorced Date _____ Widowed Date _____

List Social Security Numbers and Address of former spouses: _____

If you are working or a full-time student with children under 12, anticipated amount to be spent for

Childcare: _____

Anticipated amount to be spent on medical expenses that will not be paid by Medicaid or Medicare:

List the Model, Make and Tag Number for all the vehicles used by all the members of this household:

Car's Model Car's Make Car's Tag Number

Estimate your average monthly expenses for the following:

Rent _____ Heat (Gas, Wood, Etc.) _____ Medical _____
Food _____ Cable T.V. _____ Electricity _____
Loans _____ Car&Gas _____ Telephone _____
Water _____ Prescription Drugs _____ Furniture _____

References:

Bank _____
Checking Account\$ _____ Savings Account\$ _____
Credit(List Three) _____

Personal (List two) _____

DO YOU OR ANY MEMBER OF YOUR HOUSEHOLD HAVE ANY ARREST OR CRIMINAL

RECORD? _____

I certify that the foregoing information is true and complete to the best of my knowledge. I authorize inquiries to be made to verify the statements above.

Affidavit of Routine Expenses

Name: _____

Date: _____

Address: _____

Phone Number: _____

Your Monthly Net Income: \$ _____

Spouse/other monthly net Income: \$ _____

Monthly Living Expenses:

- | | |
|--|----|
| 1. RENT: Lot rent and/or monthly mortgage payment | \$ |
| 2. PROPERTY TAXES AND INSURANCE: Assoc. fees/dues, if not included in mortgage, renters insurance | \$ |
| 3. HOME MAINTENANCE: repairs, lawn/garden, pool security monitor, pest/termite control | \$ |
| 4. UTILITIES: gas, electric, garbage, water/sewer, cable | \$ |
| 5. PHONE: monthly, long distance, cell phone, pager | \$ |
| 6. HOUSEHOLD ITEMS: cleaning supplies, paper products, diapers | \$ |
| 7. GROCERIES: food, beverages, pet food, beer/wine/liquor/tobacco | \$ |
| 8. FOOD AWAY: lunches, dining out, school lunches | \$ |
| 9. INSURANCE: life, medical | \$ |
| 10. CAR: insurance, tag/ad valorem taxes | \$ |
| 11. CAR: payment, gas, oil/lube, other maintenance | \$ |
| 12. PUBLIC TRANSPORTATION: cab, other | \$ |
| 13. MEDICAL & PERSCRIPTION BILLS: co-pay, medical, dental, optical | \$ |
| 14. MEDICATION: over the counter, prescription (include birth control) | \$ |
| 15. ALIMONY and or CHILD SUPPORT | \$ |
| 16. CHILD CARE/ELDER CARE | \$ |
| 17. EDUCATION: tuition, books, supplies, special lessons, pictures, yearbooks | \$ |
| 18. LAUNDRY & DRY CLEANING | \$ |
| 19. CLOTHING/NEW OR REPLACEMENT: shoes, hose, jewelry, undergarments | \$ |
| 20. PERSONAL CARE PRODUCTS: shampoo/conditioner, feminine products, nail care, soap, toothpaste, deodorant, make up | \$ |
| 21. BEAUTY & BARBERSHOP: nails, haircuts, hair coloring, personal care | \$ |
| 22. CLUB AND UNION DUES: health or sports memberships, AAA, licenses | \$ |
| 23. CONTRIBUTIONS: charities, church donations, tithes | \$ |
| 24. RECREATION: movies, video rental, entertainment, music, concerts, CDs, tickets, sports, vacations, travel, family visits, hobbies, lottery | \$ |
| 25. GIFTS/CARDS: birthdays, Mom/Dad's day, weddings/anniversaries, holidays | \$ |
| 26. BILLS: Finance company, furniture stores, credit cards, other | \$ |
| 27. MISC: magazine/paper subscriptions, internet, bank charges, pet care, postage, p. o. box, safe deposit box, allowances, storage | \$ |
| 28. SAVINGS | \$ |
| 29. OTHER | \$ |

Signature

Date

Head

Co-Applicant

FOR OFFICE USE ONLY:

Reviewed by _____

Time and Date of Application _____

Bedroom Size Required _____

Federal Preference _____ Y/N Local Preference _____ Y/N

Federal Preference Verification _____ Y/N Working _____

Total Family Income _____ Handicapped _____

Over Income _____ Local Resident _____

Low Income _____ Y/N Very low Income Y/N _____

Checked Criminal Record _____ Y/N Checked Credit Record Y/N _____

Checked with past landlord for rent paying and living habits _____ Y/N _____

Based on the information set forth in this application this applicant family is found to be
Eligible _____ Ineligible: Reason _____

Signed _____ Dated _____