

Application

Camellia Manor Apartments

Office Use Only:

Del/Source _____

Location _____

Employee _____

All applicants must provide the following:

In order for the Flint Area Consolidated Housing Authority to determine your need for housing for you, the following items must be completed or submitted when your formal application is accepted.

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, 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: _____

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: _____

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? _____

Marketing Information

How did you hear about our property? Please select all that apply:

Newspaper Radio Current Resident Flyer/Brochure Internet Booth/Public Event Other

If Internet, which site: _____ **If Other, please describe:** _____

Household Information

Household Composition

Name of Household Member	Relationship to Head	Sex M/F	Place of Birth	Date of Birth	Disabled/Handicapped	SS #
1.	Head of Household					
2.						
3.						

Minority: White Black Asian American Indian Alaskan Native Pacific Islander

Ethnicity: Non-Hispanic Hispanic

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

List Social Security Numbers and Address of former spouses: _____

Household Income

Name of Household Member	Wages Salaries Etc.	Social Security Pensions	AFDC	SSI	Other
1.	\$	\$	\$	\$	\$
2.	\$	\$	\$	\$	\$
3.	\$	\$	\$	\$	\$

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 \$ _____

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? Yes No

If yes, when? _____ Details? _____

ARE YOU OR ANY MEMBER OF YOUR HOUSEHOLD SUBJECT TO A STATE LIFETIME SEX OFFENDER REGISTRATION IN ANY STATE? Yes No

If yes, when? _____ Where (list all states)? _____

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.

Applicant's Signature

Co-Applicant's Signature

Print Name

Date

FOR OFFICE USE ONLY:

Reviewed by _____

Optional and Supplemental Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Check this box if you choose not to provide the contact information.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.