

Application for HDC

Office Use Only:

Bedrooms _____

Area _____

Del/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 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

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 Divorced Widowed
Date _____ Date _____ 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
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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.

Applicant's Signature

Co-Applicant's Signature

Print Name

Date

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 _____