

APPLICANT INFORMATION

Please indicate which property you are applying for:

Thomasville _____

Boston _____

The following information must be submitted with your completed application in order for the Housing Authority to determine your need for housing and the appropriate size unit for your family:

1. Social Security cards for all members of household
2. Birth Certificates for all members of household
3. Proof of income including but not limited to:
 - Wages (2 recent check stubs)
 - Child Support (Child Support Recovery printout)
 - Disability – Social Security or Supplemental Income (printout from Social Security office)
 - Unemployment (current check stubs)
 - Worker’s Compensation (current check stubs)
 - Pensions including VA or others
 - Proof of any other sources of income
 - TANF (printout from DFACS)

WARNING! TITLE 18, SECTIONS 1001 AND 1010 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 OF THE DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT.

APPLICANT SIGNATURE

DATE

TIME

B. **Are you now a student in post-secondary education or will you become a student within the next 12 months?** Yes No If yes, Name of School _____ Number of hours _____ Full-time or Part-time

C. **Household Income (List all Sources)**

Sources such as: Wages, Social Security, Social Security Disability, Pension, Veterans' Benefits, Unemployment Compensation, AFDC/TANF, Child Support, Alimony, Military Pay

Family Member	Source of Income	Monthly Gross Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you anticipate any income changes in the next 12 months? Yes No
Explain _____

III PROGRAM INFORMATION

- Is the applicant family displaced by a declared Natural Disaster, such as flood, hurricane, earthquake, fire or government action? YES NO
 Explain: _____
- Is your present residence classified as "Condemned" or "Substandard"? YES NO
 Describe: _____
- Is any adult family member displaced by domestic violence? YES NO
- Does anyone in household require a reasonable accommodation? YES NO
 If so, what is the accommodation requested? _____
- Are you applying for status as an "Elderly Household" where the tenant/co-tenant is 62 years old or older, handicapped, or disabled? YES NO
- Are you now, or have you ever lived in federal subsidized housing or a housing authority? YES NO
 If so, have you ever been evicted? YES NO
 Where: _____ When: _____ Reason: _____

7. Has anyone in your household ever been convicted of a felony? YES NO
 If yes, explain: _____

8. Have you, co-tenant or any household member ever been convicted of the sale, distribution, or use of illegal substances? YES NO
 If yes, explain: _____

9. Do you own any pets? YES NO
 If yes, describe: _____
 A pet fee is required. Pet deposit is \$150. Pet must be under 25 lbs. and only 1 animal per unit.
10. Do you anticipate any change in your family composition? YES NO
 If yes, please explain: _____
11. Is any household member subject to sex offender registration in any state(s)? YES NO
 If yes, please list state(s): _____
12. Please list all states in which you have ever lived:

IV CERTIFICATION/AUTHORIZATION

A. Certification of Understanding

“I/We hereby certify that I/we do not/will not maintain a separate subsidized rental unit in another location. I/We further certify that the unit applied for will be my/our permanent residence. I/We understand that I/we must pay a “security deposit” prior to move-in. I/We understand that eligibility for this housing will be based on income limits set by USDA-Rural Development regulations or the Federal Tax Credit Program and tenant eligibility standards set by Thomasville Housing Authority.

“I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy.”

 Signature of Applicant

 Signature of Co-Applicant

 Date

 Date

This institution is an equal opportunity provider and employer



If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.”



Supplemental and Optional 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.

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.	

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

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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.