

## Read and sign warning before completing this application!

All adults (18 and older) need to be present for the Interview. INTERVIEW TIMES:

Monday thru Thursday: 8-11 AM and 1-4 PM

By Appointment only. Please call 256-547-2501.

# WARNING

Misrepresentation is a serious dwelling lease violation that may result in an eviction. If it is found that an applicant or tenant has misrepresented the facts upon which his/her rent is based so that he/she is paying less than he/she should be paying, the dwelling lease and/or housing assistance will be terminated. In addition, the applicant/tenant may be subject to civil and criminal penalties.

The applicant/tenant is advised that any person who, by means of a false statement, failure to disclose information, impersonation or other fraudulent scheme or device: 1) obtains or attempts to obtain, or 2) establishes or attempts to establish eligibility for, and/or 3) knowingly or intentionally aids or helps such person obtain or attempt to obtain housing or a reduction in public housing rental charges or any rent subsidy to which such person would not otherwise be entitled, shall be guilty of a misdemeanor. Upon conviction, the person shall be punished by a fine of not less than \$300 nor more than \$500, be punished at hard labor for the county not to exceed 60 days, or both fined and imprisoned, at the discretion of the court. (24-1-10, Code of Alabama, 1975)

**Special Accommodations!** Do you require any special accommodations or presence of a third party to help with the application process: **Circle One** YES NO

If you need third party assistance, please make arrangements to bring the individual to the interview.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Documents to bring with you:

1. Birth certificates, picture ID, Driver License.
2. Social Security cards
3. All final divorce decrees
4. Marriage certificate
5. Most current landlord's name and complete mailing address
6. Employer's name and complete mailing address (Pay Stubs)
7. Most recent Social Security/SSI printout
8. Veterans benefit printout/award letter
9. Food Stamp Letter
10. Current bank statements (2 months)



Equal Housing Opportunity

Greater Gadsden Housing Authority (HA)

Telephone Numbers: Office (256) 547-2501

Telephone Device for the Deaf 800-548-2546

**APPLICATION**

Each Application Requires an Original Signature in BLUE INK

Mark program(s) applying for: PUBLIC HOUSING <input type="checkbox"/>  <b>Note:</b> You may choose to have your name placed on the waiting list for one or both programs listed above if the waiting lists are open. -BLUE INK	APPLICATION FOR ADMISSION <input type="checkbox"/>  DATE _____  TIME _____	<b>Racial Group</b> ( ) White ( ) Black/African American ( ) Asian ( ) Native American ( ) Other _____  <b>Ethnicity</b> ( ) Hispanic/Latino ( ) Not Hispanic/Latino
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TO BE FILLED OUT BY APPLICANT (IN INK). FOR QUESTIONS THAT DO NOT APPLY TO YOU, ANSWER NO OR NONE. DO NOT LEAVE BLANKS.

APPLICANT NAME _____					
Last	First	M.I.			
CURRENT ADDRESS _____					
Street	City	State	Zip	Apt. #	
MAILING ADDRESS _____					
P.O. Box	City	State	Zip		
Home Phone # _____		Work Phone # _____		Other # _____	
Name of Current Landlord _____					
Mailing Address of Landlord _____					
Street/P.O. Box	City	State	Zip	Apt. #	
Present Monthly Rent \$ _____		Number of Bedrooms _____		Number of Persons presently in Household _____	
If you pay for your utilities, indicate the utilities paid by you, and the amount. If you do not pay for any of the utilities listed, check N/A.					
Electricity \$ _____	Gas \$ _____	Water \$ _____	Phone \$ _____	Cable TV \$ _____	N/A <input type="checkbox"/>
Monthly	Monthly	Monthly	Monthly	Monthly	
How long have you lived at the address listed above? Years _____ Months _____					
Do you owe any money to the landlord listed above? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, Amount Owed \$ _____					
List City, State and Year of locations where you have lived for the past five years. _____					

**HOUSEHOLD COMPOSITION:** List all persons (must have legal custody) who will live in the rental unit while you are on this program:

Print Full Name(s)	Relation To Head of Family	Birth Date	Age	Sex	Social Security Number	Occupation/Name of School Attending	U. S. Citizen Yes/No & State or Country of Birth
1)	Head						
2)							
3)							
4)							
5)							
6)							

7)							
8)							
9)							
10)							

Do you anticipate any changes in your family composition? Yes  No  If yes, explain: \_\_\_\_\_

Does anybody else have custody of any of the minors listed above? Yes \_\_\_\_\_ No \_\_\_\_\_

Military Service: Is there any member of your household (listed above) now serving in military service (Army, Air Force, Marines, Navy, etc.)?

If yes, give the following information on each military service person:

Name	Rank:	Address	Service

**INCOME:** List all employment income (including self-employment) for each household member.

Household Member	Name & Address of Employer	Annual Income

**OTHER SOURCES OF INCOME:** (Examples: welfare, Social Security, SSI, pensions, disability compensation, unemployment compensation, baby-sitting, alimony, child support, annuities, interest, dividends, income from rental property, Armed Forces, Military Reserves, cash contributions from individuals, scholarships, grants) Include alimony and/or child support entitled to but not received.

Household Member	Source	Amount

**BANK INFORMATION:** List any checking, savings, credit union and/or certificate of deposit accounts.

Type of Account	Bank	Account Number	Amount

Stocks & Bonds Yes  No  If yes, current value \$ \_\_\_\_\_ Savings Bonds Yes  No  If yes, current amount \$ \_\_\_\_\_

Do you own real estate? Yes  No  If yes, current value \$ \_\_\_\_\_ Have you EVER owned real estate? Yes  No  If yes, when? \_\_\_\_\_

Do you have life insurance or a retirement account? Yes  No  If yes, current amount(s) \$ \_\_\_\_\_

**CHILDCARE EXPENSES**

Do you pay for baby-sitting while a family member is employed? Yes  No

If yes, list child care provider's name, address and telephone number: \_\_\_\_\_

Baby-sitting cost: Weekly \$ \_\_\_\_\_ or Monthly \$ \_\_\_\_\_

**MEDICAL EXPENSES**

Are you receiving Medicare benefits? Yes  No  If yes, monthly amount of benefits \$ \_\_\_\_\_

Are you receiving medical assistance through the welfare department (DHR)? Yes  No  If yes, monthly amount \$ \_\_\_\_\_

Do you pay for any medical insurance/hospitalization (such as BlueCross)? Yes  No

If yes, indicate amount of premium paid and how often paid. Weekly \$ \_\_\_\_\_ or Bi-weekly \$ \_\_\_\_\_ or Monthly \$ \_\_\_\_\_

Are you making payments on outstanding medical bills? Yes  No  If yes, amount paid per month \$ \_\_\_\_\_

Do you take prescription drugs on a regular basis? Yes  No  If yes, your cost per month \$ \_\_\_\_\_

**REASONABLE ACCOMMODATION**

For the purpose of determining allowable income deductions, does any member of your household have a disability? Yes  No

Does any member require any reasonable accommodations to the unit? Yes  No

If yes, what? \_\_\_\_\_

Do you pay for a care attendant or for any equipment for any member with a disability in order to permit that person or someone else in the family to work? Yes  No  If yes, describe expense: \_\_\_\_\_

**PROGRAM INFORMATION**

Have you or any family member listed on the front of the application ever been arrested for any offense against the law? Yes  No

Have you or any family member listed on the front of the application ever had a warrant issued for an arrest? Yes  No

Have you or any family member listed on the front of the application ever been in trouble with the law? For example, traffic citation or any other situation? Yes  No  If you answered yes to any of the questions in this section, explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Notice!!!! You are reminded that all your answers will be verified. Giving false information is considered fraud.**

**ABSENT PARENT INFORMATION** (If you have any minors in your household, list the name of the minors and the name of the absent parent.)

Family Member	Father's/Mother's Name	Street Address	City, State	Comments/Last Contact

**MARITAL STATUS/HISTORY**

Have you ever been married? Yes  No  How many times? \_\_\_\_\_ Maiden Name \_\_\_\_\_

	Date	From Whom	Street Address	City	State	Zip	Comments:
Separated?							
Divorced?							
Widowed?							

Have you ever used a name other than the ones you are using now? Yes  No  If yes, explain: \_\_\_\_\_

**ADDITIONAL**

Have you ever applied for Public Housing or Section 8 Housing? Yes  No

Have you ever lived in Public Housing or Section 8 Housing? Yes  No

Have you ever lived in housing that is referred to as the "PROJECTS"? Yes  No

If you have lived or currently live in Public Housing (Projects) and/or Section 8 Assisted Housing or housing where the amount of rent you paid was based on your income, complete the following:

Where (Address) \_\_\_\_\_ When (Dates) \_\_\_\_\_

Do you owe any money to any Public Housing Project and/or Section 8 Housing? Yes  No  If yes, Amount \$ \_\_\_\_\_

Do you owe any money to any low-income or Federal Subsidized Apartments? Yes  No  If yes, Amount \$ \_\_\_\_\_

**WARNING: Section 1001 of Title 18 of the U. S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.**

I/We **certify** that all information given to the Greater Gadsden Housing Authority in this application is correct. I/We understand that if these facts are not true, housing assistance or housing will not be provided, and I/We will be declared ineligible. I understand that after the information in this application is verified that the information will be submitted to the U. S. Department of Housing and Urban Development (HUD) on Form HUD-50058 (The Federal Privacy Act Statement contains additional information concerning the authorized use of this information.) I also understand that staff of the Greater Gadsden HA will verify this information, and I authorize the Greater Gadsden HA to submit inquiries necessary for the purpose of verifying the facts herein stated.

Signature: \_\_\_\_\_  
Head of Household

Date: \_\_\_\_\_

Signature: \_\_\_\_\_  
Spouse or Other Adult

Date: \_\_\_\_\_

Signature: \_\_\_\_\_  
Other Adult

Date: \_\_\_\_\_

Signature: \_\_\_\_\_  
Greater Gadsden HA Representative

Date: \_\_\_\_\_

**Note: If you believe you have been discriminated against, you may report the incident by calling the Fair Housing and Equal Opportunity toll-free hotline at 1-800-669-9777, or by asking the Greater Gadsden HA to provide you with a HUD Housing Discrimination Complaint form, HUD-903.**

Application - Effective May 17, 2004

**Applicant: Do Not Write in this Section  
Authority Use Only**