

JEFFERSON COUNTY HOUSING AUTHORITY APPLICATION FOR ADMISSION FOR PUBLIC HOUSING

PROJECT LOCATIONS

***PLEASE CHECK DESIRED PROPERTY AND CIRCLE BEDROOM NEEDS**

- Warrior Court (1 2 3 4 bedrooms) Chelsea Gardens (0 1 2 3 bedrooms)
 Bradford (1 2 3 bedrooms) Dixie Manor (1 2 3 4 bedrooms)
 Trafford (1 2 3 4 bedrooms)

Date of Application: _____ **Time of Application:** _____
 (Housing Authority Use ONLY) (Housing Authority Use ONLY)

NOTE: PLEASE PRINT AND ANSWER ALL QUESTIONS. If your application is not legible or all questions are not answered completely, this may cause a delay in the processing of your application.

Name _____ Home Telephone: _____ Work Telephone _____

Address _____ City: _____ State: _____ Zip: _____

Is the head of household: White/Non Minority Negro/Black American Indian/Alaskan Native

Asian Pacific Island Other (specify) _____

Married Single Divorced Never Married Spouse Deceased Separated

Are you and all family members American citizens? _____ Spouse's Name if Divorced/Separated _____

Explain: _____

Parent's Name _____ Telephone Number _____

Spouse's Parent Name _____ Telephone Number _____

Next of Kin _____ Relationship _____ Telephone Number _____

Next of Kin _____ Relationship _____ Telephone Number _____

1. Family: List below all persons who will live in the rental unit while you're on this program.

Name of Family Members (Full Names)	Relation	Date of Birth MM/DD/YY	Age	Sex	Social Security Number	Occupation
1.	HEAD					
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

Do you anticipate any changes in Family Composition? _____

If so, explain _____

II (A). INCOME: List all employment income for each household member.

Household Member's Name	Name and Address of Employer	Hourly Rate

Supervisor's Name and Telephone Number _____
 Does the head or spouse work a minimum of 30 hours per week? _____
 Is the head or spouse a full-time student? _____ Name & Address of School: _____

II (B). OTHER INCOME: List income from: TANF, Social Security, SSI, Pensions, Disability Compensation, Unemployment Compensation, Interest, Baby-Sitting, Alimony, Child Support, Annuities, Dividends, Income from Rental Property, Armed Forces Reserves, Scholarships, and/or Grants.

Household Member's Name	Source of Other Income

Does anyone outside of your household pay for any of your bills or expenses? Yes No
 If yes, who, when, and for what? _____
 Are you entitled to or receive: Child Support Alimony Maintenance Scholarships
 If yes, list all amounts: _____

II (C). ASSETS:

List all checking and savings accounts of all household members:
 Checking Accounts Bank Name _____ Acct No. _____ Balance _____
 Passbook Savings Bank Name _____ Acct No. _____ Balance _____
 Certificates of Deposit, IRA's Keogh Account – Bank Name _____ Acct No. _____ Amount _____
 Credit Union Shares Credit Union Name _____ Acct No. _____ Amount _____
 Address _____

Stocks, bonds, trusts, pensions or other assets owned by household member (Value) \$ _____
 Do you now own real estate _____ If yes, what is its value? _____
 List the value of any assets disposed of for less than fair market value during the last two years: \$ _____

II (D). EXPENSES: (Handicapped, disabled, or elderly (over age 62) only)

Is the head of household or spouse disabled or handicapped? _____ Are any other household members disabled or handicapped? _____ Explain: _____
 Please identify any special housing needs your household has: _____
 Are you receiving medical benefits? _____ Explain: _____
 Are you receiving medical assistance through the Dept. of Human Resources? _____
 Do you pay for any medical hospitalization insurance? _____
 If paid by you, indicate amount of premium per month \$ _____

Are you making payments on outstanding medical bills? _____ Yearly amount paid by you \$ _____

Do you take prescription drugs on a regular basis? _____ Yearly amount paid by you \$ _____

Do you anticipate any health care expenses for the next 12 months which are not covered by health insurance?
If so, indicate amount of expense: _____

III (A). FAMILY MEMBER/CHILD CARE:

Do you pay for child care while a family member is working or attending school? _____

If yes, give name, address and telephone number of provider: _____

Cost per week? _____ or Cost per month? _____

Is any of the cost subsidized? _____ Amount \$ _____ per week/month

III (B). HOUSING CONDITIONS AND NEEDS:

Have you been displaced by a declared disaster or by governmental action? _____

Explain why you wish to move: _____

Are you being displaced or evicted from your current unit? _____ If yes, explain the circumstances: _____

How long have you lived at the present address? _____ Your monthly rent is \$ _____ What utilities do you pay? _____

Name, address and phone number of current landlord _____

Previous address _____

Name, address and phone number of previous landlord _____

Do you now live in federally subsidized housing? _____

Where? _____ Were you evicted? _____

Have you ever lived in federally subsidized housing? _____

Where? _____

Have you ever been assisted under the Section 8 program? _____ Where? _____ When? _____

Do you owe money to any housing authority or other landlord? _____ Name: _____

III (C). CREDIT REFERENCES: Company, Firm or Landlord

Name	Address	Telephone Number
_____	_____	_____
_____	_____	_____

Are you in Debtor's Court? _____ Have you ever been in Debtor's Court? _____ If so, give date _____

Explain _____

Have you ever filed for bankruptcy? _____ If yes, tell when and outcome: _____

Present Financial Obligations: Car note, loan payments, furniture payments, etc.

Type	Company	Amount	Frequency
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Make and model of car _____ License Tag # _____

IV (A). Criminal Background

1) Has anyone in your household been arrested or convicted for the felonious use, sale, manufacture or distribution of controlled substances (drugs)? Yes No

If yes: Who? When? For what? _____

2) Does anyone in your household currently use a controlled or illegal drug? Yes No

If yes, explain: _____

3) Has anyone in your household ever been arrested or convicted of violent criminal activity? Yes No

If yes: Who? When? For what? _____

IV (B). FEDERAL REQUIREMENTS AND THE POLICY OF THIS AUTHORITY preclude admission of applicants whose habits and reasonable practices may be expected to have a detrimental effect on the tenants of the project environment.

These habits and practices include the following:

- 1) An applicant's past performance in meeting financial obligations, especially rent.
- 2) A record of disturbance of neighbors, destruction of property, or living or housekeeping habits at prior residence which may be adversely affect the health, safety or welfare of other tenants.
- 3) A history of criminal activity involving crimes of physical violence to persons or property or other criminal acts which would adversely affect the health, safety and welfare of other tenants.

Application Update: It is the applicant's responsibility to update the application every 6 months or it will be transferred to the inactive file.

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

By my signature below, I certify that statements made on this application are true and complete to the best of my knowledge and belief. I understand that providing false statements or incomplete information may result in punishment under Federal Law.

DATE _____ SIGNATURE OF HEAD OF HOUSEHOLD _____

DATE _____ SIGNATURE OF CO-HEAD _____

APPLICANT INTERVIEWED BY _____ DATE _____

The Following Preferences are Offered During Application Intake

Please Check all That Apply:

Preference (up front):

The following preference is available to qualifying families at this time:

- Catastrophic Involuntary Displacement

- Applicants with an Adult member enrolled in an employment training program or currently working 30 hours per week or more.

- A person defined as elderly or disabled under the definition verified by the Social Security Administration.

Special Circumstance Preferences:

These preferences apply only to specific units:

- Near-elderly families over other families for units designated for elderly/disabled (this preference only applies to designated properties)

- For one bedroom/efficiency units; elderly, disabled families and displaced persons over single persons.

Please note that all preferences will be verified in accordance with Jefferson County Housing Authority requirements. Failure to provide documentation regarding preferences will be subject to preferences not being granted and/or denial of application. All preferences will be verified at the time of application. Preferences do not guarantee admission into Public Housing.

By signing below, I the undersigned, do acknowledge and understand all information listed above; and certify that the information is true to the best of my knowledge.

Sign: _____ Date: _____