

**JEFFERSON COUNTY HOUSING AUTHORITY
APPLICATION FOR ADMISSION FOR PUBLIC HOUSING**

PROJECT LOCATIONS

Oak Ridge Terrace Manor I Terrace Manor II
Bedroom Size _____

DATE AND TIME OF APPLICATION: _____

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

Name _____ Home Telephone: _____ Work Telephone _____

Cell Phone _____ Email _____

Address _____ City: _____ State _____ Zip _____

Is the Head of Household: White/Non Minority 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 _____

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

| Name of Family Members Full Name | Relation | Date of Birth | 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 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? _____

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

| Name | Address | Telephone Number |
|------|---------|------------------|
|------|---------|------------------|

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|--|--|--|

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 |
|------|---------|--------|-----------|
| | | | |
| | | | |
| | | | |

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 consent to the release of consumer reports to the Jefferson County Housing Authority in conjunction with my application. 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 OTHER ADULT _____

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:

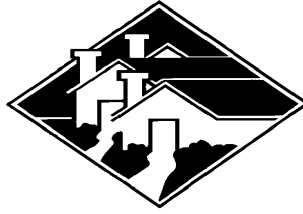
- Near-elderly families over other families for units designated for elderly/disabled (this preference only applies to designated properties)

- 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: _____



JEFFERSON COUNTY HOUSING AUTHORITY

Applicant/Tenant Certification

Giving True and Complete Information

I certify that all the information provided on household composition, income, family assets and items for allowances and deductions is accurate and complete to the best of my knowledge.

Reporting Changes in Income or Household Composition

I know that I am required to report immediately in writing any changes in income and any changes in the household size when a person moves in or out of the unit. I understand the rules regarding guests/visitors and when I must report anyone who is staying with me.

Reporting on Prior Housing Assistance

I certify that I have disclosed where I received any previous Federal housing assistance and whether or not any money is owed. I certify that for this previous assistance I did not commit any fraud knowingly misrepresent any information or vacate the unit in violation of the lease.

No Duplicate Residence or Assistance

I certify the house or apartment will be my principal residence and that I will not obtain duplicate Federal housing assistance while I am in this current program. I will not live anywhere else without notifying the management office immediately in writing. I will not sublease my assisted residence.

Cooperation

I know I am required to cooperate in supplying all information needed to determine my eligibility level of benefits, or verify my true circumstances. Cooperation includes attending pre scheduled meetings and completing and signing needed forms. I understand failure or refusal to do so may result in delays, termination of assistance or evictions.

Criminal and Administrative Actions for False Information

I understand that knowingly supplying false, incomplete or inaccurate information is punishable under Federal or State criminal law. I understand that knowingly supplying false, incomplete or inaccurate information is grounds for termination of housing or termination of tenancy.

Signature of Household Adults

Date



**Jefferson County Housing Authority
4501 Little Drive
Bessemer, AL 35022**

Authorization for Release of Credit History

I _____ authorize Jefferson County Housing Authority to obtain a copy of my consumer credit report. JCHA will use this report to determine whether I am eligible for housing. By signing below I authorize Jefferson County Housing Authority to check my credit history.

I do hereby authorize any city, county, state or federal agency, department or bureau to release any information in their files under the above name and other information supplied by me. I understand and realize that the information so released may prove unfavorable to me. I agree to submit to fingerprinting to be forwarded to the FBI if required by the housing authority. I agree to hold any source of information blameless for any error in reporting this information. I release all persons whomever from any liability arising out of or resulting from the release of this information.

Signature

Date of birth

Social Security #

Date Signed



JEFFERSON COUNTY HOUSING AUTHORITY
4501 Little Drive
Bessemer, AL 35022

Application

AUTHORIZATION FOR RELEASE OF POLICE RECORD

NAME _____

CURRENT ADDRESS _____

PREVIOUS ADDRESS _____

Personal Description:

Date of Birth _____
Month-Day-Year

Height _____
Feet-Inches

Weight _____

Race _____ Sex _____

Color Hair _____

Social Security Number _____

I do hereby authorize any City, County, State or Federal Agency, Department or Bureau, to release any information in their files under the above name and other information supplied by me. I understand and realize that the information so released may prove unfavorable to me. I agree to submit to fingerprinting to be forwarded to the FBI if required by the housing authority. I agree to hold any source of information blameless for any error in reporting this information. I release all persons whomever, from any liability arising out of or resulting from the release of this information.

Signature

Date



JEFFERSON COUNTY HOUSING AUTHORITY

3700 INDUSTRIAL PARKWAY
BIRMINGHAM, ALABAMA 35217

DECLARATION OF UNITED STATES CITIZENSHIP

I hereby declare, under penalty of perjury, that I am a citizen of the United States of America.

Print Name _____ Signature _____
Head of Household (HOH)

Print Name _____ Signature _____
(If a minor, adult must sign HOH name)

Print Name _____ Signature _____
(If a minor, adult must sign HOH name)

Print Name _____ Signature _____
(If a minor, adult must sign HOH name)

Print Name _____ Signature _____
(If a minor, adult must sign HOH name)

Print Name _____ Signature _____
(If a minor, adult must sign HOH name)

Print Name _____ Signature _____
(If a minor, adult must sign HOH name)

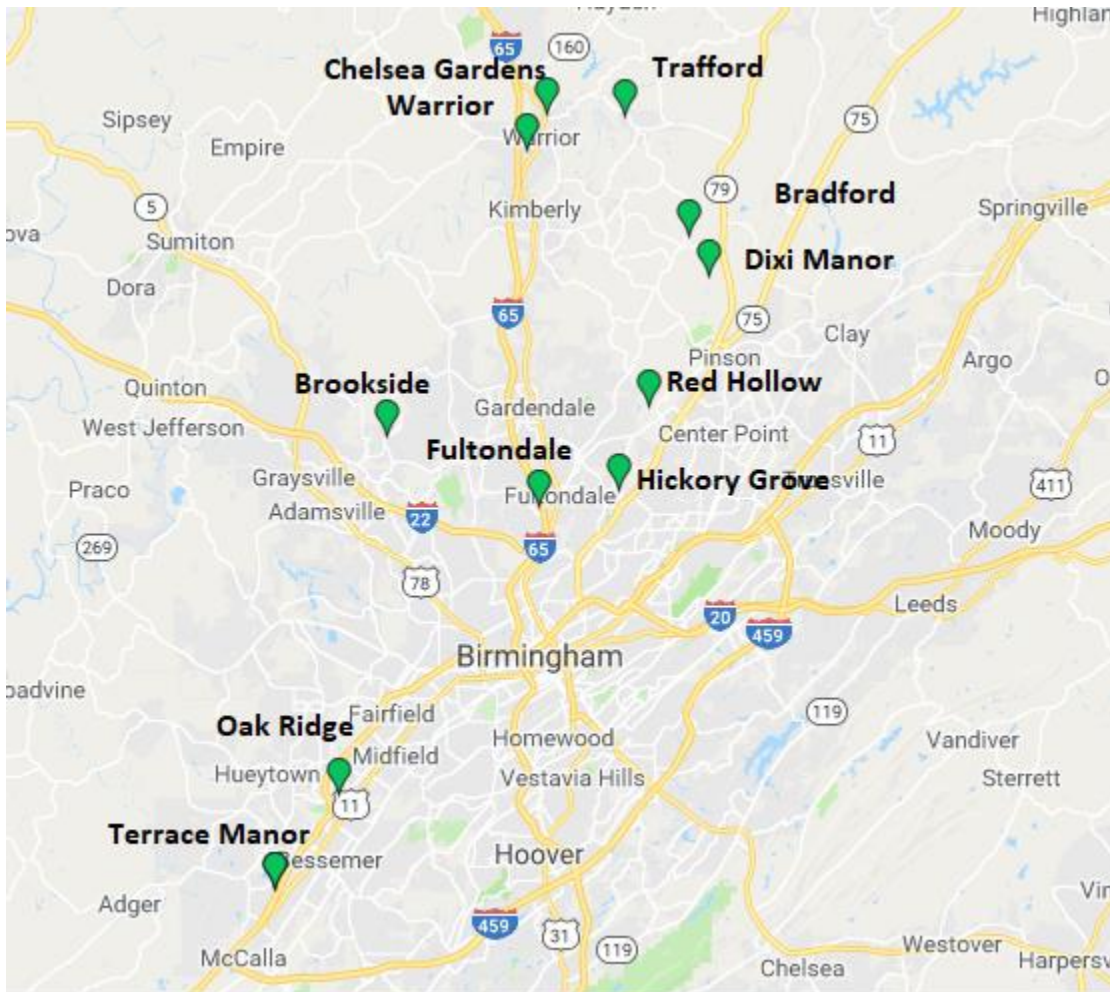
Note: For each adult, the form must be signed by the adult. For each child, the form must be signed by an adult member of the family residing in the assisted dwelling unit who is responsible for the child.

This document will be filed in the head of household's file folder and server as verification and evidence of declaration of U.S. Citizenship.

**Jefferson County Housing Authority
Fair Housing Notice**

Title VIII of the Civil Rights Act of 1968 (Fair Housing Act), as amended, prohibits discrimination in the sale, rental and financing of dwellings and other housing-related transactions, based on race, color, national origin, religion, sex, familial status (including children under the age of 18 living with parents or legal custodians, pregnant women and people securing custody of children under the age of 18) and handicap (disability).

If you have questions pertaining to the above, please do not hesitate to contact this office.



I certify that I was given a copy of the Fair Housing Letter at the time of my application.

Signature of Applicant

Date

Signature of Applicant

Date