

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

PROJECT LOCATIONS

Fultondale Brookside Red Hollow Hickory Grove
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
_____	_____	_____
_____	_____	_____

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 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: _____

**Jefferson County Housing Authority
2100 Stoney Brook Lane
Fultondale, AL 35068**

Statement of Family Obligations and Fraud Law

I have read and understand that I must comply with the following listed items to retain occupancy with the Jefferson County Housing Authority:

1. I must live in the rental unit with the family members which are listed on my application.
2. I must keep my utility bills paid in full to ensure that utilities are not disconnected
3. I must pay my rent according to the terms of my lease each month.
4. I must keep my stove and refrigerator clean at all times.
5. I understand that the dwelling unit is to be utilized only by the individuals listed on my application and that the information on my application should be updated immediately as changes occur.
6. The following changes should be reported within 10 (ten) days:
 - A. Marriage or Divorce
 - B. Change in the number of individuals occupying the unit.
 - C. Any income change
(Income is defined as any increase or decrease which exceeds \$20.00 regardless of the source.)
7. I understand that I must notify the Jefferson County Housing Authority at least 10 (ten) days in advance if I vacate the dwelling unit.
8. I understand that I must keep the dwelling unit in a neat and orderly condition at all times.
9. I understand that failure to follow the aforementioned rules may result in an eviction.

Alabama Fraud Law

Any person who obtains or attempts to obtain, or who establishes or attempts to establish, eligibility for and any person in obtaining or attempting to obtain, or in establishing, or attempting to establish eligibility for, any Public Housing, or a reduction in Public Housing rental charges, or any rent subsidy, to which such person would not otherwise be entitled by means of a false statement, failure to disclose information, impersonation or other fraudulent scheme or device shall be guilty of a misdemeanor and, upon conviction, shall be punished by a fine or not less than \$300.00 and not more than \$500.00 or be imprisoned and punished at hard labor for the County not to exceed 60 (sixty) days, or may be both fined and imprisoned, at the discretion of the court. (80-627)

I, the undersigned, have read and understand the above obligations and the Alabama Fraud Law.

Signature _____ Date _____

Signature _____ 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
2100 Stoney Brook Lane
Fultondale, AL 35068**

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

Witness (JCHA Staff Only)



JEFFERSON COUNTY HOUSING AUTHORITY
2100 Stoney Brook Lane
Fultondale, AL 35068

Annual Renewal of Lease

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 of Birth

SS#

Date

SWORN TO AND SUBSCRIBED BEFORE ME THIS THE _____ DAY OF _____, 2018.

NOTARY PUBLIC

My Commission Expires



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)

Witness: _____
Signature

Date

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.

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

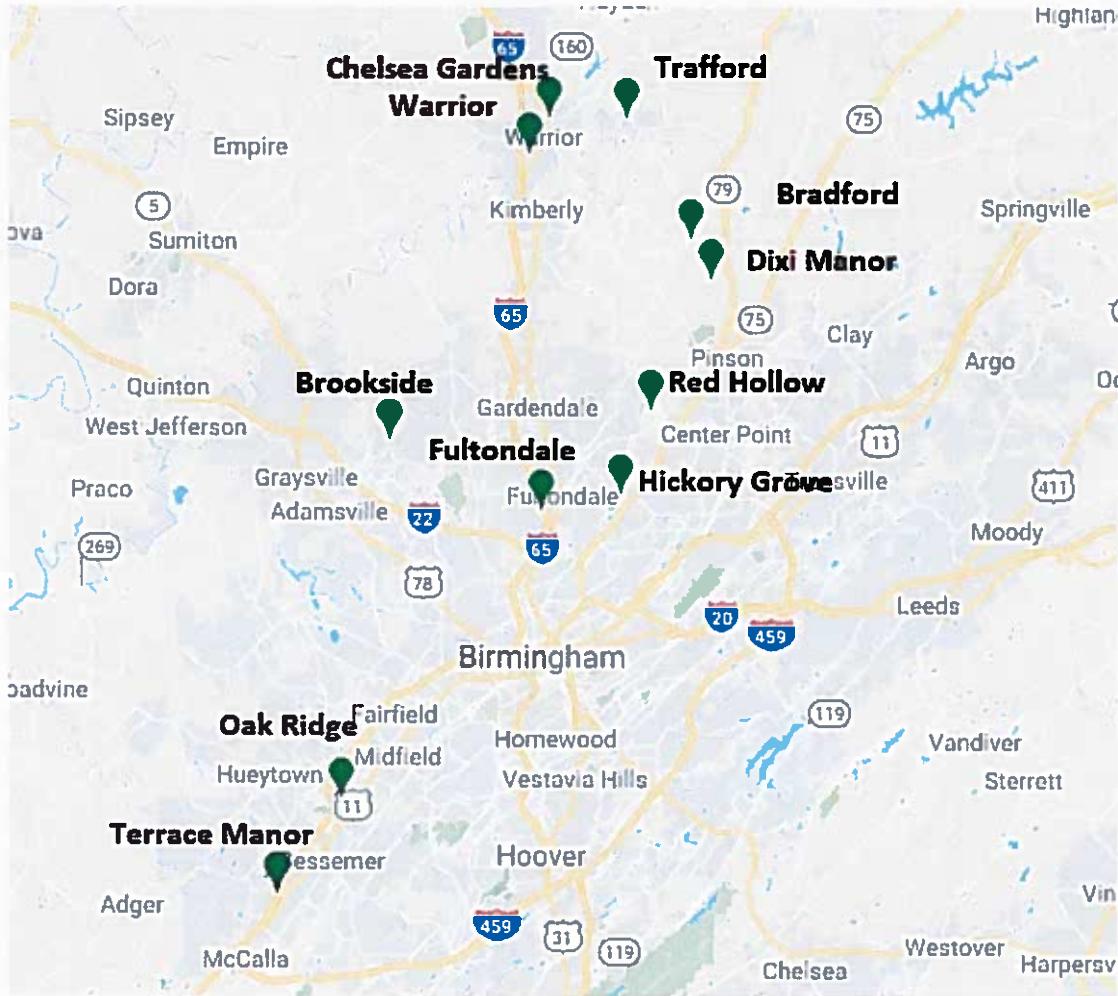
The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, 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.

**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 of 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