

# NOTICE



## PUBLIC HOUSING APPLICATIONS

JEFFERSON COUNTY HOUSING AUTHORITY

601 Pecan Street

Warrior, Alabama 35180

(205) 647-4369

Beginning Friday, June 1, 2018, you may pick-up a Public Housing Application, Monday thru Thursday, 9:00 a.m. – 4:00 p.m. from the Jefferson County Housing Authority (JCHA) Warrior Office. The applications are for the following sites:

- Northeast Jefferson Villa in Bradford: 2 and 3 Bedrooms
- Faucett Homes in Trafford: 2 Bedrooms

**Please call to make an appointment to bring the application back for processing.**

### DIRECTIONS

**Take I-65 North to Exit 281/Warrior. At the bottom of the ramp, turn right onto Dana Road. At the end of Dana Road, turn left onto Highway 31. Take an immediate left onto Pecan Street. JCHA Office will be on the right.**





## JEFFERSON COUNTY HOUSING AUTHORITY

Warrior Courts – Chelsea Manor – West Jefferson Villa – Dixi Manor – Faucett Homes

You will have to call to make an appointment to bring the application back for processing. At that time, you **MUST** have the following documentation to bring **WITH** you to your appointment. All members of the applicants' family, 18 and older, must be present at the application interview.

- We **CANNOT** accept an application without proper identification
- Valid state driver's license, State ID or Military ID for each household member 18 years and older (**Copies are NOT acceptable**)
- Original birth certificates for each family member (**Copies are NOT acceptable**)
- Marriage Certificate and/or Divorce Decree, Statement of Separation (whichever applies)
- Name and Mailing address of current employer
- Verification of current income-3 consecutive paystubs (SS, SSI, TANF, Food Stamps, Child Support, Unemployment, etc.)
- Name and address current childcare provider
- Correct names and addresses of current and former Landlords, for the past two years

**\*\*\*\*\* NO APPLICATION WILL BE ACCEPTED IF ALL REQUIRED DOCUMENTATION IS NOT SUBMITTED AT THE TIME OF THE INTERVIEW \*\*\*\*\***  
**Your appointment will be rescheduled.**

601 Pecan Street, Warrior, Alabama 35180 \* Phone (205) 647-4369 / Fax (205) 647-8469  
E-mails: [scottrell@jcha.com](mailto:scottrell@jcha.com) / [dparks@jcha.com](mailto:dparks@jcha.com)





November 2004

## Things You Should Know

Don't risk your chances for Federally assisted housing by providing false, incomplete, or inaccurate information on your application forms.

<b>Purpose</b>	This is to inform you that there is certain information you must provide when applying for assisted housing. There are penalties that apply if you knowingly omit information or give false information.
<b>Penalties for Committing Fraud</b>	<p>The United States Department of Housing and Urban Development (HUD) places a high priority on preventing fraud. If your application or recertification forms contain false or incomplete information, you may be:</p> <ul style="list-style-type: none"><li>▫ Evicted from your apartment or house:</li><li>▫ Required to repay all overpaid rental assistance you received:</li><li>▫ Fined up to \$ 10,000:</li><li>▫ Imprisoned for up to 5 years; and/or</li><li>▫ Prohibited from receiving future assistance.</li></ul> <p>Your State and local governments may have other laws and penalties as well.</p>
<b>Asking Questions</b>	When you meet with the person who is to fill out your application, you should know what is expected of you. If you do not understand something, ask for clarification. That person can answer your question or find out what the answer is.
<b>Completing The Application</b>	When you answer application questions, you must include the following information:
<b>Income</b>	<ul style="list-style-type: none"><li>▫ All sources of money you or any member of your household receive (wages, welfare payments, alimony, social security, pension, etc.):</li><li>▫ Any money you receive on behalf of your children (child support, social security for children, etc.);</li><li>▫ Income from assets (interest from a savings account, credit union, or certificate of deposit; dividends from stock, etc.);</li><li>▫ Earnings from second job or part time job;</li><li>▫ Any anticipated income (such as a bonus or pay raise you expect to receive)</li></ul>
<b>Assets</b>	<ul style="list-style-type: none"><li>▫ All bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc.. that are owned by you and any adult member of your family's household who will be living with you.</li></ul>

- Any business or asset you sold in the last 2 years for less than its full value, such as your home to your children.
- The names of all of the people (adults and children) who will actually be living with you, whether or not they are related to you.

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**Signing the Application**

- Do not sign any form unless you have read it, understand it, and are sure everything is complete and accurate.
- When you sign the application and certification forms, you are claiming that they are complete to the best of your knowledge and belief. You are committing fraud if you sign a form knowing that it contains false or misleading information.
- Information you give on your application will be verified by your housing agency. In addition, HUD may do computer matches of the income you report with various Federal, State, or private agencies to verify that it is correct.

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**Recertifications**

You must provide updated information at least once a year. Some programs require that you report any changes in income or family/household composition immediately. Be sure to ask when you must recertify. You must report on recertification forms:

- All income changes, such as increases of pay and/or benefits, change or loss of job and/or benefits, etc., for all household members.
- Any move in or out of a household member; and,
- All assets that you or your household members own and any assets that was sold in the last 2 years for less than its full value.

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**Beware of Fraud**

You should be aware of the following fraud schemes:

- Do not pay any money to file an application;
- Do not pay any money to move up on the waiting list;
- Do not pay for anything not covered by your lease;
- Get a receipt for any money you pay; and,
- Get a written explanation if you are required to pay for anything other than rent (such as maintenance charges).

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**Reporting Abuse**

If you are aware of anyone who has falsified an application, or if anyone tries to persuade you to make false statements, report them to the manager of your complex or your PHA. If that is not possible, then call the local HUD office or the HUD Office of Inspector General (OIG) Hotline at (800) 347-3735. You can also write to:  
 HUD-OIG HOTLINE, (GFI) 451 Seventh Street, S.W., Washington, DC. 20410.



# 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 question are not answered completely, this may cause a delay in the processing of your application.**

Name \_\_\_\_\_ Home Telephone: \_\_\_\_\_ Work Telephone \_\_\_\_\_  
 Address \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Email \_\_\_\_\_

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 \_\_\_\_\_

**I. 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.	<b>HEAD</b>					
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 \$ \_\_\_\_\_ Which 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

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** precludes 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 applicants who would be heads of households currently working 30 hours per week or more.**
  
- A person defined as elderly or disabled under the definition of verified by the Social Security Administration.

**Special Circumstance Preference:**

These preferences apply only to specific units:

- Near-elderly families over other families for units designed 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 references will be verified in accordance with Jefferson County Housing Authority requirement. 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 undersigned, do acknowledge and understand all information listed above; and certify that the information is true to the best of my knowledge.**

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



# 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 eviction.

**CRIMINAL AND ADMINSTRATIVE 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 assistance or termination of tenancy.

**Signature of Household Adults**

**Date**

1)	_____
-	
2)	_____
-	
3)	_____
-	
4)	_____

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.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact: (Check all that apply)</b>	
<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	
<b>Commitment of Housing Authority or Owner:</b> 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.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> 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**  
3700 Industrial Parkway  
Birmingham, AL 35217  
205 849-0123

## **Change of Address and/or Telephone # Form**

This form is to be used by applicant to report any change of address or telephone number(s) after the date of application.

Applicant Name \_\_\_\_\_

Social Security # \_\_\_\_\_

Previous Address \_\_\_\_\_

Previous Telephone # \_\_\_\_\_

New Address \_\_\_\_\_

New Telephone # \_\_\_\_\_

Changes/Comments \_\_\_\_\_

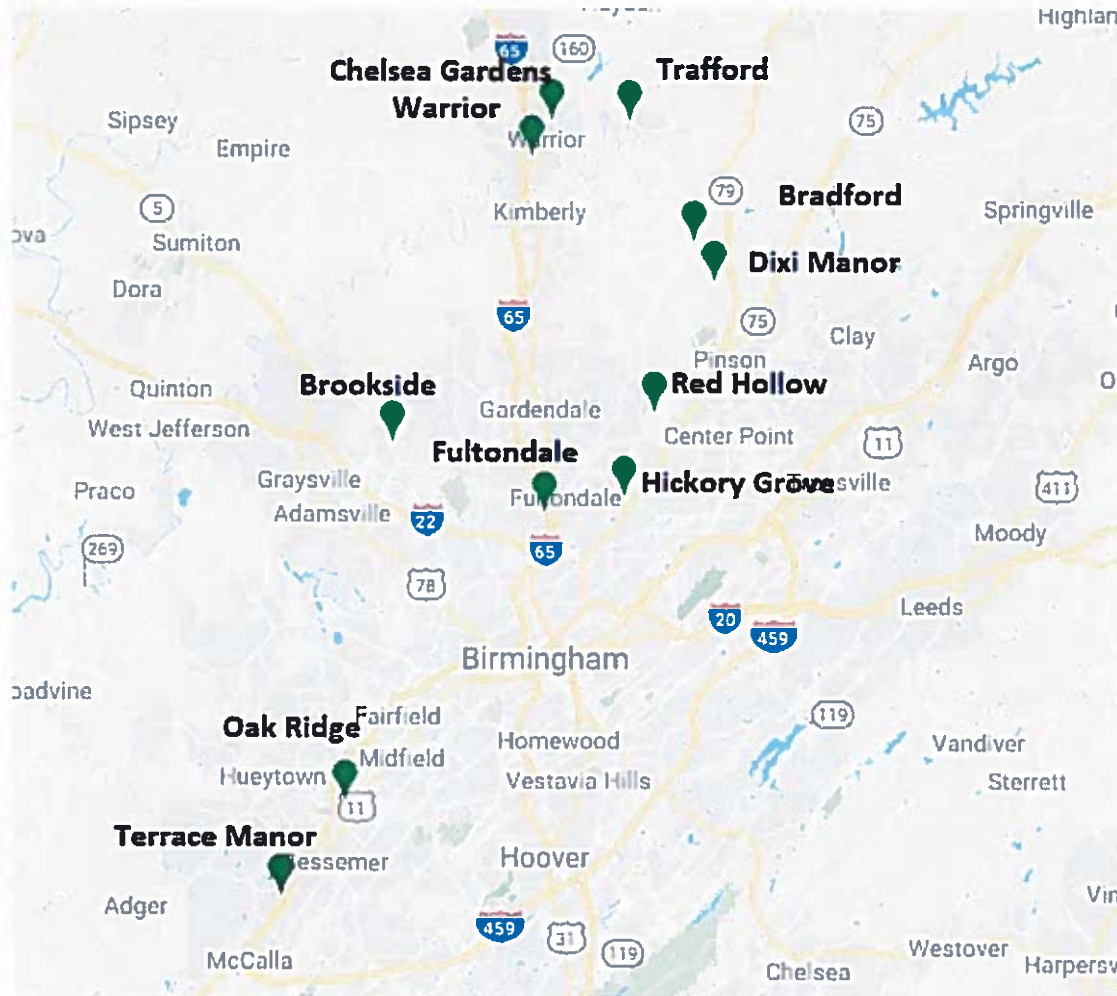
Signature \_\_\_\_\_ Date \_\_\_\_\_

Mail To: Jefferson County Housing Authority  
601 Pecan Street  
Warrior, AL 35180  
Attention: Steven Cottrell

**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**