

**JEFFERSON COUNTY HOUSING AUTHORITY**

**4501 Little Drive**

**BESSEMER, ALABAMA 35022**

**(205) 426-8948**



The Jefferson County Housing Authority's Bessemer office will be taking applications for: **(3) Bedrooms ONLY for the following site: Oakridge (Brighton)** beginning Wednesday, April 11th until further notice. Applications may be picked up Monday thru Thursday from 8:30 a.m. – 4:30 p.m. In order for your application to be processed, you **MUST** call the number above to make an appointment and bring the following documentation on your appointment date.

- Must be 19 years old to apply
- State Driver's License, State ID or Military ID for each household member 18 years and older.
- **We cannot accept an application without proper ID**
- Birth Certificates for each family member
- Social Security Cards for each family member
- Marriage Certificate and/or Divorce Decree, Statement of Separation (whichever applies)
- Name and address of current employer (last three check stubs )
- Verification of current income (SS, SSI, TANF, Food Stamps, Child Support, Unemployment, etc.)
- Name and address of current childcare provider
- **(Child Care Central Letter, if applicable)**
- Correct names and addresses of current and former Landlords (past 2 years).

**Directions**

**Take I-20/59 to exit 110 (Alabama Adventure Parkway) turn onto the Parkway going toward Watermark Outlet get in left lane then go to Prince Street (you will see a sign that says Designer Outlets) turn left. Go to the top of the hill to "STOP" sign and turn right onto Little Drive. Go one block turn right for office.**

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



**PROJECT LOCATIONS**

Oak Ridge

Terrace Manor I

Terrace Manor II

**Bedroom Size Applying For:** \_\_\_\_\_

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

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

**Name** \_\_\_\_\_ **Home Telephone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Work Phone** \_\_\_\_\_ **Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Race (Head of Household):** Black ( ) White ( ) Asian Pacific Island ( ) American Indian/Alaskan Native ( )  
Other (Specify) \_\_\_\_\_

**Marital Status:** Married ( ) Single ( ) Divorced ( ) Widow/Widowed ( ) Separated ( )

**Spouse's Name if Divorced/Separated** \_\_\_\_\_

**Are you and all family members American citizens?** \_\_\_\_\_ **If no, explain** \_\_\_\_\_

**Please list two relatives who will not be living with you:**

**Next of Kin** \_\_\_\_\_ **Relationship** \_\_\_\_\_ **Telephone Number** \_\_\_\_\_

**Next of Kin** \_\_\_\_\_ **Relationship** \_\_\_\_\_ **Telephone Number** \_\_\_\_\_

**I. Household/Family Composition: List below all persons who will live in the rental unit:**

FULL NAME	RELATIONSHIP	Date of Birth	Age	Sex	Social Security Number	Occupation
1.	Head of Household					
2.						
3.						
4.						
5.						
6.						

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

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, Support, Annuities, Dividends, Income from Rental Property, Armed Forces Reserves, Scholarships, Grants, Contributions from Family or Friends, and any and all other sources of income.

Household Member's Name	Source of Other Income	Monthly Amount

Does anyone outside of your household pay for any of your bills or expenses? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, who, how often, and what bills or expenses do they pay for you? \_\_\_\_\_

Are you entitled to or do you receive: Child Support ( ) Amount \_\_\_\_\_

Alimony ( ) Amount \_\_\_\_\_

Scholarships ( ) Amount \_\_\_\_\_

**III. ASSETS:**

List all checking and savings accounts of all household members:

Checking Accounts Bank Name \_\_\_\_\_ Acct No. \_\_\_\_\_ Balance \_\_\_\_\_

Savings Accounts 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 \_\_\_\_\_

Credit Union 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 value during the last two years \$ \_\_\_\_\_

Do you receive food stamps? \_\_\_\_\_ Amount \$ \_\_\_\_\_

**IV. EXPENSES**

**(A) If not disabled or elderly skip to part B**

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 including co-pays? \_\_\_\_\_ Yearly amount paid by you \$ \_\_\_\_\_

Do you anticipate any health care expensed for the next 12 months which are not covered by health insurance? \_\_\_\_\_

If so, give name, address and telephone number of provider: \_\_\_\_\_

**{B} FAMILY MEMBER/CHILD CARE**

Do you have expenses for child care for a child age 12 or younger ( ) yes ( ) no. If yes, provide the name, address, and telephone number of care provider. \_\_\_\_\_

**V. HOUSING CONDITIONS AND NEEDS:**

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? \_\_\_\_\_ Monthly rent \$ \_\_\_\_\_ 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 currently live in federally subsidized housing? \_\_\_\_\_ Evicted? \_\_\_\_\_ Where? \_\_\_\_\_

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? \_\_\_\_\_ Other landlord? \_\_\_\_\_

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

**VI. CREDIT REFERENCES: COMPANY, FIRM, OR LANDLORD**

<u>Name</u>	<u>Address</u>	<u>Telephone Number</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are you in Debtor's Court? \_\_\_\_\_ Have you ever been in Debtor's Court? \_\_\_\_\_ if so, give date \_\_\_\_\_  
Explain: \_\_\_\_\_

Have you ever filed bankruptcy? \_\_\_\_\_ Chapter 13? \_\_\_\_\_ Chapter 7? \_\_\_\_\_

If yes, give dates and outcome: \_\_\_\_\_

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

Type	Company	Amount	Frequency
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**VII. CRIMINAL HISTORY**

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

If yes, please explain \_\_\_\_\_

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 explain \_\_\_\_\_

4) Sex Offender Registration: Is any member of current or future household subject to a lifetime sex offender registration requirement in any state? YES \_\_\_\_\_ NO \_\_\_\_\_

**VIII. FEDERAL REQUIREMENT 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.

**VI. 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 signing 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 (if applicable) \_\_\_\_\_

# FRAUD WARNING

## WARNING TO ALL PARTICIPANTS

TO OBTAIN OR ATTEMPT TO OBTAIN HOUSING ASSISTANCE BY COMMITTING **F R A U D** IS A CRIMINAL OFFENSE UNDER BOTH FEDERAL AND STATE LAWS!

IF YOU DO NOT REPORT ALL INCOME YOU WILL BE SUBJECT TO THE FOLLOWING:

1. Under Federal Law, Fraud is punishable by fines up to \$10,000 AND imprisonment for up to five years.
2. ALABAMA FRAUD LAW:

Any person who obtains or attempts to obtain, or who establishes or attempts to establish eligibility for 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 of 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 sixty (60) days, or may be both fined and imprisoned at the discretion of the court.

I, the undersigned, have read and understand the above obligations and the Federal and Alabama Fraud Laws. I understand that failure to follow these obligations will result in loss of eligibility for housing assistance under any federal program.

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

Signature required of all household members 18 and older:

1. Signature _____	Date _____
2. Signature _____	Date _____
3. Signature _____	Date _____
4. Signature _____	Date _____

**DO NOT WRITE BELOW THIS LINE**

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**FOR OFFICE USE ONLY:**

**HOUSING AUTHORITY REPRESENTATIVE \_\_\_\_\_ DATE \_\_\_\_\_**

**DATE AND TIME OF APPLICATION:**

**DATE OF INTERVIEW IF DIFFERENT FROM ABOVE DATE: \_\_\_\_\_**

## Jefferson County Housing Authority Authorization for Release of Police Record

Name \_\_\_\_\_

Nickname (s) \_\_\_\_\_

Current Address \_\_\_\_\_  
\_\_\_\_\_

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

**Personal Description:**

Date of Birth \_\_\_\_\_ Height \_\_\_\_\_  
Month/Day/Year Feet/Inches

Weight \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_ Hair Color \_\_\_\_\_

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**                      **Social Security #**                      **Date Signed**

\_\_\_\_\_  
**Witness (JCHA Staff Only)**





# 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)*

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.

<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**

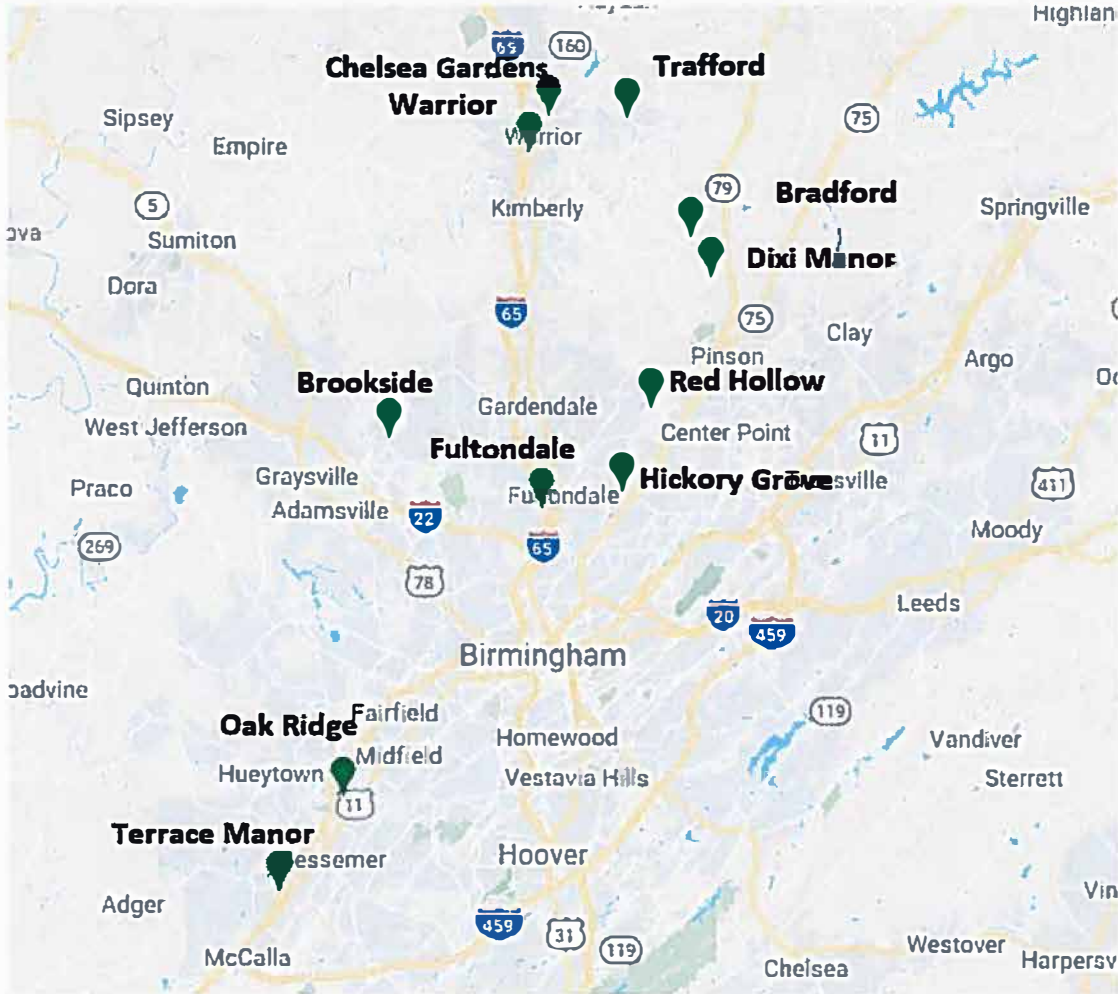
The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions,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