Housing Authority

PRE-APPLICATION for Section 8 Housing Voucher Program

**Pre-application Instructions: Please read Carefully. Incomplete applications will not be processed**

To be qualified for admission to the Section 8 program an applicant must:

a Be a family as defined in PHA’s Administrative Plan;

b Document citizenship or eligible immigration status or pay a higher rent;

c Have an Annual Income at admission at or below HUD’s income limits posted in PHA offices.

d Provide documentation of Social Security numbers for all family members, age 6 or older, or certify that they do not have Social Security numbers; and

e Not be engaged in or have a recent history of any drug-related criminal activity or other criminal activity that threatens the life, safety, or right to peaceful enjoyment of others.

Complete applications will be entered on the waiting list in the order received. The waiting list will then be sorted according to unit type and a lottery will be conducted to put the applications in order.

Applications will be accepted in the manner set forth in PHA’s Administrative Plan, sent to the address above, postmarked within dates when PHA is accepting applications:

**Except**

**Applicants with disabilities will receive assistance with the application at the address above.**

Be sure to include the name, social security number, date of birth and all income for every family member who will live in the household.

Be sure to provide your complete address and telephone number so we can reach you to schedule an application interview.

**The Housing Authority is an Equal Housing Provider**

PHA use Only: Income Limit: Section 8 Tax Credit

Date of application: Time of Application: Lottery Number

**Pre-application for the Section 8 Housing Voucher Program**

1. Name of head of household:

2. Name of adult co-head of household:

3. Current address, Street, Apt. #
Current City, State and Zip
Current Area Code and Phone #

**For Statistical Purposes Only**

4. Race of Head:  African American/Black  Asian/Pacific Islander Caucasian/White

 Native American/ Alaska Native

5. Ethnicity of Head:Hispanic/Latino Non-Hispanic/Non-Latino

### **Family Information**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | First Name & Last Name if different from Head’s | Date of Birth | Sex | **Social SecurityNumber** | **Relation to Head** | **PersonwithDisability?** | **Citizen orEligible Alien?** | **Full-timeStudent?** |
| **H** |  | / / . |  | \_\_\_ \_\_ \_\_\_\_ |  |  |  |  |
| ***2*** |  | */ / .* |  | *\_\_\_ \_\_ \_\_\_\_* |  |  |  |  |
| **3** |  | / / . |  | \_\_\_ \_\_ \_\_\_\_ |  |  |  |  |
| **4** |  | / / . |  | \_\_\_ \_\_ \_\_\_\_ |  |  |  |  |
| **5** |  | / / . |  | \_\_\_ \_\_ \_\_\_\_ |  |  |  |  |
| **6** |  | / / . |  | \_\_\_ \_\_ \_\_\_\_ |  |  |  |  |
| **7** |  | / / . |  | \_\_\_ \_\_ \_\_\_\_ |  |  |  |  |
| **8** |  | / / . |  | \_\_\_ \_\_ \_\_\_\_ |  |  |  |  |

**Family Income Information**

6. Please list the source and amount of all current income for all family members, including yourself. Include all earnings and benefits from AFDC/TANF, VA, Social Security, SSI, SSID, Unemployment, Worker’s Compensation, Child Support, etc.

|  |  |  |
| --- | --- | --- |
| **Income Source** | **Amount $** | **Frequency, Per** |
|  |  | WeekMonth Year |
|  |  | WeekMonth Year |
|  |  | WeekMonth Year |
|  |  | WeekMonth Year |

1. Current Landlord’s name and phone #
Date Family Moved to this location

### PHA will be checking the criminal history of all adult applicants.

I/we certify that the statements on this application are true to the best of my/our knowledge and belief and understand that they will be verified. I/we authorize the release of information to the Housing Authority by my/our employer(s), the Department of Public assistance, the Social Security Administration, and/or other business or government agencies. I/we understand that any false statement made on this application will cause me/us to be disqualified for admission.

Applicant Signature Date

Co-applicant Signature Date

**Warning: 18 U.S.C. 1001 provides, among other things that whoever knowingly and willfully makes or uses a document or writing containing false, fictitious or fraudulent statement or entry in any matter within the jurisdiction of a department or agency of the United States shall be fined not more than $10,000 or imprisoned for not more than five years or both.**