Housing Authority

PRE-APPLICATION for PUBLIC and PHA-Owned HOUSING

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

To be qualified for admission to PHA-owned housing an applicant must:

1. Be a family as defined in PHA’s Admission and Continued Occupancy policy;
2. Document citizenship or eligible immigration status or pay a higher rent;
3. Have an Annual Income at or below HUD’s income limits posted in PHA offices.
4. Provide documentation of Social Security numbers for all family members, age 6 or older, or certify that they do not have Social Security numbers;
5. Meet the HUD screening requirements related to criminal activity and alcohol abuse;
6. Meet or exceed the Applicant Selection Criteria related to tenancy history and utility payment history;
7. Pay any money already owed to PHA or any other housing authority from either the public housing or Section 8 voucher programs;

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 size and applicant admission preferences.

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

**except**

**Applicants with disabilities will receive assistance with the completion of the application at PHA’s Admissions and Occupancy Department, 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: PH  Tax Credit Multifamily  Lottery Number

Date of application: Time of Application:

**Pre-Application for Public / PHA-owned Housing**

1. Head of household:

2. Other adult in household:

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

### For Statistical Purposes Only

4. RaceAfrican American/Black Asian/Pacific Islander Native American or Alaska Native
Caucasian/White

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

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | First Name & Last Name if different from Head’s | Date ofBirth | Sex | **Social SecurityNumber** | **Relation to Head** | **Disabled Person?** | **Birthplace: Country** | **Full-timeStudent?** |
| **H** |  |  |  | \_\_\_ \_\_ \_\_\_\_ | Head |  |  |  |
| **2** |  |  |  | \_\_\_ \_\_ \_\_\_\_ |  |  |  |  |
| **3** |  |  |  | \_\_\_ \_\_ \_\_\_\_ |  |  |  |  |
| **4** |  |  |  | \_\_\_ \_\_ \_\_\_\_ |  |  |  |  |
| **5** |  |  |  | \_\_\_ \_\_ \_\_\_\_ |  |  |  |  |
| **6** |  |  |  | \_\_\_ \_\_ \_\_\_\_ |  |  |  |  |
| **7** |  |   |  | \_\_\_ \_\_ \_\_\_\_ |  |  |  |  |
| **8** |  |  |  | \_\_\_ \_\_ \_\_\_\_ |  |  |  |  |

**Preference Information**

6 Are you a vulnerable homeless individual? Yes No - If PHA can verify your status you will get the vulnerable homeless individual preference.

7. Are you displaced by a declared Natural Disaster, such as a flood, hurricane, earthquake, tornado, etc.? Yes No - If yes can be verified, you will get the displacement preference.

8 Is an adult family member employed ?Yes No - If yes can be verified, you will get the working family preference.

**Family Income Information**:

10 Please list the source and amount of all current income received by all family members, including yourself. Include all earnings and benefits received from working (full-time or part-time), Welfare/TANF, VA, Social Security, SSI, SSID, Unemployment, Pensions, Worker’s Compensation, Child Support, etc.

|  |  |  |  |
| --- | --- | --- | --- |
| **Family Member Name** | **Income Source** | **Amount $** | **Frequency – Per** |
|  |  |  | WeekMonthYear |
|  |  |  | WeekMonthYear |
|  |  |  | WeekMonthYear |
|  |  |  | WeekMonthYear |

11 Current Landlord’s name and phone #
Current Landlord’s address
Date Family Moved to this location

12 Most recent former applicant address, Street, Apt. #
Most recent former City, State and Zip

13 Most recent former landlord’s name, phone #
Most recent former Landlord’s address
Date Family Moved to this location

**PHA will be contacting all former landlords for three years before the date of application**

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 an 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.**