

**HOUSING AUTHORITY OF THE CITY OF QUITMAN
P.O. BOX 229
QUITMAN, GEORGIA 31643
229.263.4631**

**APPLICATION FOR ADMISSION
Application No. _____**

Name: _____
Date: _____ Time: _____
Address: _____

Phone # (or cell #): _____ Driver's License # _____
Age: _____ Birth date: _____ Social Security# _____
Single _____ Married _____ Separated _____ Divorced _____
County of Marriage _____ County of Divorce _____
If you are married will your spouse live with you? Yes ___ No _____
If not, where will spouse live? _____
If not, do you intend for your spouse to live with you in the future? Yes ___ No _____

Instructions to Applicant:

- **Applicant must be 18 years of age or older.**
- All lines must be filled in. You may write "NONE" or "NO" in a line, but DO NOT leave a line blank or write N/A.
- All information should be complete and correct. False, incomplete, or misleading information will cause your application to be declined.
- If you need to make a correction, put one line through the incorrect information, write the correct information above, and initial the change.
- If your application is on file with us, it is your responsibility to contact us whenever your address, telephone number or income situation changes, or whenever you need to add or remove a household member from your application.
- After we receive your application, we will make a determination of eligibility. If your household appears to be eligible for housing, your application will be placed on a Waiting List. This does not mean that your household will be offered an apartment. If your household is found not eligible, or does not meet our Acceptable Criteria, your application will be declined.

HOUSEHOLD INFORMATION

Full Name of Household Members as they appear on Social Security Card	Relationship	Sex	Age	Birthdate	Social Security #
---	--------------	-----	-----	-----------	-------------------

1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

Is any member expecting a newborn child? _____ When? _____

Your place of employment: _____

Employer's Address: _____

Phone Number: _____ Supervisor/Manager: _____

How Long Employed? _____ Hours per Week: _____ Pay Rate: _____

Do any other members of your family work? _____

If so, who and where? _____

If you work, do you have to pay for Childcare? Yes _____ No _____ If yes, list name, address, and phone number of childcare provider: _____

Amount you pay for childcare: \$ _____

List all other income: SS \$ _____ SSI \$ _____ TANF \$ _____

CHILD SUPPORT \$ _____ ALIMONY \$ _____ VA \$ _____

RETIREMENT \$ _____ DISABILITY \$ _____ WORKER'S COMP \$ _____

OTHER (Family/Friends support, etc.) _____

Are you in the process of applying for public assistance such as TANF, Social Security, SSI, Unemployment, Worker's Comp., etc? Yes _____ No _____ If yes, explain: _____

Disabled or Handicapped Information

Is any member of your family handicapped or disabled? Yes ___ No _____

If yes, who and will they need reasonable accommodation? _____

Military Service

List any family member who has been or is in military service: Name _____

Active? _____ Reserves/National Guard? _____

Relation to Head: _____ Disabled? _____

Vehicle Information

Do you own a vehicle? _____ If so, List Make, Model, Color, Vin #, Tag Number and Expiration date: _____

Will there be anyone visiting you on a regular basis that owns a vehicle? _____

If so, please list name(s) and the make, model, color, vin#, tag number and expiration date: _____

Pet Information

Do you have any pets? Yes _____ No _____ If yes, what kind: _____

Landlord Information

(Last 5 years) Even if it's a relative

Present Landlord: _____

Address: _____

Phone Number: _____ How Long? _____

Amount of Rent: \$ _____ Reason for wanting to move: _____

Previous Landlord: _____

Address: _____

Phone Number: _____ How Long? _____

Previous Landlord: _____

Address: _____

Phone Number: _____ How Long? _____

Have you ever lived in Public Housing or Section 8 before and if so, when and where? _____

Assets

You must list ALL Assets below: Use Additional Sheets if necessary.

CHECKING:

Account No. _____ Avg. 6-month balance: _____ Interest Rate: _____

Name, Address and Phone Number of Bank: _____

SAVINGS:

Account No. _____ Current Balance: _____ Interest Rate: _____

Name, Address and Phone Number of Bank: _____

STOCKS, BONDS, C. D'S, LIFE INSURANCE POLICIES, ETC.:

Type of Asset: _____ Account No.: _____

Current Value: _____ Annual Income: _____

Name, Address and Phone Number of Institution: _____

Has any household member disposed of any assets for *Less than Fair Market Value* during the past two (2) years? Yes _____ No _____ If yes, please list date disposed of and description of asset: _____

Has any household member sold any Real Estate in the last two (2) years? Yes _____ No _____ If yes, please list date disposed of and description of asset: _____

Does any household member own any Real Estate, Boat, or Mobile Home? Yes ___ No ___ If yes, please list description, value, and annual income from asset: _____

Current Monthly Expenses

FILL OUT AMOUNT OR PLACE A "0" IF YOU DON'T PAY IT

Rent: _____ Phone: _____ Cell Phone/Beeper: _____ Elec: _____

Gas: _____ Water: _____ Cable: _____ Credit Card(s): _____

Car Payment: _____ Car Ins.: _____ Health Ins.: _____

Life Ins. (Burial Ins.): _____ Rentals: _____ Loans: _____

Other: _____

Personal References

List two (2) references not related to you:

Name: _____ Phone: _____

Address: _____

Name _____ Phone: _____

Address: _____

Credit References

List two (2) credit references:

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

Emergency Contact

Provide the name of the person we should contact in case of an emergency:

Name: _____ Phone: _____

Address: _____

Relationship to you: _____

**Criminal History
CHECK YES OR NO**

Have you or any member of your household ever been convicted of drug-related criminal activity? Yes _____ No _____ If yes, list who, when and give details: _____

Have you or any member of your household ever been convicted of violent criminal activity? Yes _____ No _____ If yes, list who, when and give details: _____

Are you or any member of your household a current illegal user of or addicted to a controlled substance? Yes _____ No _____ If yes, list who and give details: _____

Have you or any member of your household ever been convicted of the illegal manufacture or distribution of a controlled substance? Yes _____ No _____ If yes, who, when and give details: _____

Have you or any member of you household ever been evicted from federally assisted housing for drug-related criminal activity? Yes _____ No _____ If yes, from where and when: _____

Have you or any member of your household ever been on parole or are now on parole? Yes _____ No _____ If yes, list who, when and give details: _____

Have you or any member of your household currently or in the past used illegal drugs? Yes _____ No _____ If yes, list who, when and give details: _____

Are you or any member of your household subject to registration under a state sex offender registration program? Yes _____ No _____ If yes, list who, what state and give details: _____

**Preference Information
(OFFICE ONLY)**

- _____ Elderly/Disabled Single or Family
- _____ Families whose head of household has been employed (continuously) for a period of six months for a minimum of 20 hours per week.
- _____ Families whose head of household has been employed (continuously) for a period of six months for less than 20 hours per weeks.
- _____ Families whose head of household has been employed (continuously) for less than six months.
- _____ Date and time of application.

FEDERAL PRIVACY ACT STATEMENT

The U.S. Department of Housing and Urban Development (HUD) collects information on tenants in HUD-assisted rental housing. The U.S. Privacy Act of 1974 established requirements governing HUD's use and disclosure of the information it collects on individuals and families.

Public Housing Agencies (PHA's) operating such housing send HUD on tenant's income, family composition, rent, etc., which is given by tenants to PHA's when applying or being re-examined. It is transferred to HUD forms used for data collection which may be performed by a contractor.

USE: HUD uses the information for budget development, program evaluation and planning, reporting to the President and Congress, monitoring compliance with Federal requirements and to verify accuracy and completeness.

PUBLIC ACCESS: Summaries of tenant data are available to the public. Disclosure of information about individuals and families is restricted by the Privacy Act of 1974. Such information is released to appropriate Federal, State or local agencies to verify information relevant to eligibility and rent determinations and when applicable to other civil, criminal or regulatory matters.

The Privacy Act restricts HUD's disclosure of information on individuals and families but does not restrict the PHA from releasing such information. State and local laws or regulations may govern disclosure by the public housing agency.

INFORMATION REQUIREMENTS: Families are required to provide, prior to admission, verification of Social Security numbers for all family members age 6 and older. Failure to furnish verification of social security numbers is grounds for denial of assistance.

Other information must be provided to HUD so that it can carry out its monitoring and data collection responsibilities. Failure of an individual to provide required information may result in eviction or the withdrawal of housing assistance (depending on the housing program).

AUTHORITY: HUD is permitted to ask for the information by the U.S. Housing Act of 1937 as amended, 42 USC, 1437 et. seq., the Housing and Community Development Act of 1981, Public Law 97-35, 85 Stat., 348, 408.

APPLICANT/TENANT CERTIFICATION

Applicant(s)'s/Tenant(s)'s Statement:

I certify that the information given is accurate and complete to the best of my knowledge and belief. I understand that false statements or information are punishable under Federal and State Laws. I also understand that false statements or information are grounds for denial of housing or assistance, termination of housing assistance and termination of tenancy.

This application is made with the understanding that it is to be processed for both credit and character references. I have no objection to inquires for the purpose of verification of the above statement. **THIS INCLUDES A CRIMINAL HISTORY CHECK.** It is understood that the above information will be held in strict confidence. I also understand this application is good for only 6 months from date of application. I must renew this application each 6 months thereafter if I desire my application to remain active.

I understand that this is not a contract and does not bind either party. The above information is full, true, and complete to the best of my knowledge. I have no objections to inquires being made for purpose of verifying statements made herein.

Head of Household Signature

Date

Spouse or other Co-Head Signature

Date

Other Adult Signature

Date

Other Adult Signature

Date