

NOTICE TO APPLICANT

THIS APPLICATION IS FOR
PUBLIC HOUSING
ONLY.

****PLEASE NOTE****
YOU MUST BE ELIGIBLE FOR A
(3) THREE OR (4) FOUR
BEDROOM UNIT.
WE ARE NOT ACCEPTING
APPLICATIONS FOR
(1) ONE OR (2) TWO
BEDROOM UNITS.



REVISED 8/06



Housing Authority

of
 THE CITY OF PRICHARD, ALABAMA
 P. O. Box 10307 -- Prichard, Alabama 36610 -- (251) 456-3324
 Fax (251) 452-6149

For Office Use Only. Applicants should not write in this section.	
Date/Time: _____	Bedroom Size _____
Received by: _____	Interview Date: _____
Special assistance required by this applicant: _____	

APPLICATION FOR ADMISSION FOR PUBLIC HOUSING ONLY

Bring return this form, completed **in blue ink in your own handwriting** to the rental office 4559 St. Stephens Road Eight Mile, AL. Use the legal name for each person who will reside in the apartment as it appears on his/her Social Security card. All persons **age 18 and over** must sign this application certifying that the information pertaining to them is correct. **Do not leave any blanks.** If a section or question does not apply to you, write **NO** in it.

Name: _____ Home Phone # _____ Work Phone # _____

Mailing Address: _____ Physical Address: _____

Emergency Contact: _____ Address: _____ Phone # _____

I. HOUSEHOLD COMPOSITION (List all persons in household.)

Adults (age 18 and older)			Social Security	Relation		Race/	Birth		Marital	Disabled	Student
Last	First	MI	#	to Head	Sex	Ethnicity	Date	Age	Status	Yes/No	Yes/No
				HEAD							

Minors (Under Age 18)			Social Security	Relation	S	Race/	Birth		Dis-	Name/Address of
Last	First	MI	#	to Head	e	Ethnicity	Date	Age	abled	Absent Parent
					x				Y/N	(if applicable)

1. Does anyone outside the household help with bills on a regular basis? yes no If yes, list name of each person or agency that assists with bills: _____
2. List the name of any household member age 18 or older who is a full-time student and the school they attend.
Name _____ School _____
3. Is any household member age 18 or older employed in a job-training program? yes no
If yes, list his/her name and the specific job-training program. _____
4. Has anyone in your household applied for any benefits that are in the process of being approved? yes no
If yes, explain. _____

II. INCOME AVAILABLE TO HOUSEHOLD

List all income earned or received by everyone living in the household regardless of age. List gross amounts of income (before any deductions).

Income Source	Yes	No	Family Member	Source	Amount
Self-employment					\$
					\$
Wages or Earnings					\$
					\$
Pension or Retirement					\$
					\$
*SSI					\$
					\$
*Social Security					\$
					\$
Child Support					\$
					\$
Unemployment Benefits					\$
					\$
Worker's Compensation					\$
					\$
Alimony					\$
					\$
Income from Rental Property					\$
					\$
Babysitting or Adult Care					\$
					\$
Regular Contributions or Gifts					\$
					\$
Other					\$
					\$

*If you receive Social Security or SSI, is it direct deposit? yes no
If yes, what is the name of the bank and the account number? _____

III. ASSETS

1. Does any household member have assets or receive any income from assets? yes no

Real Estate	<input type="checkbox"/> yes	<input type="checkbox"/> no	Stocks	<input type="checkbox"/> yes	<input type="checkbox"/> no
Trusts	<input type="checkbox"/> yes	<input type="checkbox"/> no	Bonds	<input type="checkbox"/> yes	<input type="checkbox"/> no
Insurance Settlement	<input type="checkbox"/> yes	<input type="checkbox"/> no	Insurance Policy	<input type="checkbox"/> yes	<input type="checkbox"/> no
Retirement/Pension	<input type="checkbox"/> yes	<input type="checkbox"/> no	Certificate of Deposit	<input type="checkbox"/> yes	<input type="checkbox"/> no
Savings Account	<input type="checkbox"/> yes	<input type="checkbox"/> no	Checking Account	<input type="checkbox"/> yes	<input type="checkbox"/> no

If yes, what Bank? _____ If yes, what Bank? _____

Account Number _____ Account Number _____

Other yes no _____

2. How much interest or other income from any asset checked above do you receive annually? _____

3. Has an asset been given away or sold in the past 2 years? yes no

If yes, what was the asset? _____ Date: _____

What was its market value? _____ How much did you receive for it? _____

4. Have you or any other adult members ever used any name(s) or Social Security number(s) other than the one you are currently using? yes no If yes, explain _____

5. Have you or any member lived in any assisted housing? yes no If yes, list where and when. _____

6. Have you or anyone in your household ever been convicted of any crime other than traffic violations? yes no
If yes, explain. _____

7. Have you ever committed any fraud in a Federally assisted housing program or been requested to repay money for knowingly misrepresenting information for such housing programs? yes no If yes, explain. _____

IV. MEDICAL (Complete only if the Head of Household or Spouse is disabled or is 62 years of age or older)

List all medical expenses the family anticipates paying during the next 12 months that will NOT be reimbursed by insurance or other outside source. Do NOT include life or burial insurance premiums.

TYPE OF EXPENSE	AMOUNT	TYPE OF EXPENSE	AMOUNT
<u>Medical insurance</u>	\$ _____	<u>Doctor's Office Calls</u>	\$ _____
<u>Prescription medicine</u>	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

V. DISABILITY ASSISTANCE EXPENSE

Do you pay for attendant care or auxiliary apparatus for a disabled household member in order for them or any other family member to work? yes no If yes, Itemize: _____

VI. CHILD CARE

Do you pay for Child Care for children age 12 or younger while you work, look for work or attend school?

yes no If yes, to whom are expenses paid? _____ How much per month? _____

Address of Child Care Provider: _____

VII. ADDITIONAL INFORMATION

1. List two references (who you are not related to by blood or marriage) who have knowledge of your ability and willingness to abide by a lease agreement.

Name _____ Phone _____ How long have you known him/her? _____

Name _____ Phone _____ How long have you known him/her? _____

2. List all vehicles that household members will park on PHA property.

Make _____ Model _____ Color _____ License Plate # _____

Make _____ Model _____ Color _____ License Plate # _____

A criminal history check will be run on all household members over age 17 through the local police department, state, and NCIC. All information provided on this application and at the interview is subject to verification. All family members age 18 or over should review the information on this form, the Federal Privacy Act, and all required releases which MUST be signed in order to be considered for housing.

By my signature below, I do hereby swear and attest that all the information provided on this application by me and about me is true and correct. I understand that I must report any changes in income, assets, and family composition to Prichard Housing Authority in writing within 14 days of such change for my application to remain valid. By my signature below, I grant permission for Prichard Housing Authority to verify information necessary to determine my eligibility and suitability for housing. I further understand that false statements or information are grounds for denial of this application.

I understand that this application is valid for only ONE YEAR unless renewed/updated by me, the applicant.

Signature of Head of Household

Date

Signature of Spouse of Head of Household or Other Adult

Date

WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATES CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENT TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.

If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity national toll-free hotline at 1-800-669-9777.