



Read and sign warning before completing this application!

WARNING

Misrepresentation is a serious dwelling lease violation that may result in an eviction. If it is found that an applicant or tenant has misrepresented the facts upon which his/her rent is based so that he/she is paying less than he/she should be paying, the dwelling lease and/or housing assistance will be terminated. In addition, the applicant/tenant may be subject to civil and criminal penalties.

The applicant/tenant is advised that any person who, by means of a false statement, failure to disclose information, impersonation or other fraudulent scheme or device:

1) obtains or attempts to obtain, or 2) establishes or attempts to establish eligibility for, and/or 3) knowingly or intentionally aids or helps such person obtain or attempt to obtain housing or a reduction in public housing rental charges or any rent subsidy to which such person would not otherwise be entitled, shall be guilty of a misdemeanor. Upon conviction, the person shall be punished by a fine of not less than \$300 nor more than \$500, be punished at hard labor for the county not to exceed 60 days, or both fined and imprisoned, at the discretion of the court. (24-1- 10, Code of Alabama, 1975)

Signature: _____

Date: _____

Documents to send or bring with you:

1. **Birth certificates or other acceptable birth verifications: shot records, picture ID/driver's license, school records, voter registration**
2. **Social Security cards**
3. **All final divorce decrees**
4. **Marriage certificate**
5. **Most current landlord's name and complete mailing address**
6. **Employer's name and complete mailing address**
7. **Most recent Social Security/SSI award letter**
8. **Child support check stubs**
9. **Unemployment check stubs**
10. **Veterans benefit award letter**

Applications and accompanying documents can be emailed to the appropriate office as follows:

Guin- traceywebb@centurytel.net Winfield- tammypeoples@centurytel.net

Hackleburg and Bear Creek- requeena@centurytel.net

Housing Authorities of Guin, Hackleburg, Bear Creek & Winfield

OFFICE USE ONLY

Date: _____

Time: _____

App # _____

340 11th. Avenue West, P. O. Box 712 (Please check which HA you are making application)

Guin, AL 35563 Guin Hackleburg Bear Creek Winfield

Phone: (205) 468-2637 (205) 935-5214 (205) 935-5214 (205) 487-2400

Fax: (205) 468-2633 (205) 935-8151 (205) 935-8151 (205) 487-2768

APPLICATION FOR PUBLIC HOUSING

Applications must be personally returned by the Head of Household.

***** Use Ink (preferably black) –we will NOT accept applications written in pencil.

Applicant Name: _____ SS# _____

Current Address: _____

Mailing Address (if different): _____

Phone Number: Home _____ Work _____

Part I: Family Composition - list everyone who will be living in the assisted housing. List yourself first. If there are more than eight (8) family members, attach a piece of paper with additional family members listed.

	Full Legal Name of Adults in Household Age 19 and over	Social Security Number	Date of Birth	Age	Occupation/Relationship to Head of Household
Head					
2					
3					

	Children (Name as it appears on SS Card)	Soc Sec Number	Date of Birth	Relationship to Head of Household	School Name	Absent Parent's Name and Address	Date of Last Contact With Absent Parent
1.							
2.							
3.							
4.							
5.							

Race of Head of Household (HUD requires for Statistical Purposes): White Black Asian Other

Ethnicity of Head of Household: Hispanic Non-Hispanic

Is the **Head of Household** or their **Spouse** Disabled or Handicapped? Yes No

Does anyone that will be living in the assisted housing require special accommodations for a handicap or disability?

Yes No If yes, attach documentation to explain what is needed.

List Marital Status of the Head of Household. _____ If Divorced or Separated, do you have documentation to show custody of children? Yes No You will be asked to provide legal documentation that will verify this status.

List all names used by the Head of Household and Spouse (for example - maiden name or previous married name)

Does any member of your household serve in Military service? (Army, Air Force, Marines, Navy, etc.) Yes No
 Name and Address _____

List all vehicles owned or routinely used by household members:

Make/ Model/ Year: _____ Tag Number: _____ Name on Registration _____

Make/ Model/ Year: _____ Tag Number: _____ Name on Registration _____

Part II: Family Income - List income received by everyone living in this household. Income includes but is not limited to wages from a job, benefit checks from government and private sources, child support, alimony, contributions to the household in the form of money, clothing, food, etc...

Household Member Name	Employer	Total Weekly Wages	TANF	Child Support Monthly	Social Security or VA	Unemployment	All Other Income

Have you received TANF in the past year? Yes No Are you an **ACTIVE** participant in the TANF program administered by the Department of Human Resources? Yes No

If there are minor children in the household with an absent parent, has child support been established? Yes No
 If not, why is there no child support? _____

Does anyone outside of your household pay any of your bills or give you money? Yes No If yes, explain _____

Does anyone outside of your household regularly contribute commodities to your household (for example: food, clothing, diapers, use of a car, etc...)? Yes No If yes, explain: _____

ASSETS:

Does any household member have a bank account? Yes No If yes, provide name of bank and types of accounts (checking or savings **Plus the Account Number**). _____

Has anyone in this household sold or given away a home, real estate, or other assets in the past two (2) years? _____

Does anyone in this household own any real estate, including land, houses, other buildings? Yes No

Does anyone in this household own stocks or bonds or have other assets to disclose? Yes No

DEDUCTIBLE EXPENSES:

Do you pay for child-care for any children under age 13 so that family members can work or go to school? Yes No
 If yes, provide name, address, phone number of child care provider and the amount you pay for this service.

Amount YOU Pay: \$ _____

Paid to: (Name) _____

(Address & Phone) _____

Fill in this section only if the Head of Household is 62 years old or older, or if you are disabled/ handicapped, or if a family member is designated as handicapped/ disabled by Social Security.

Do you pay for medical insurance? Yes No If yes, give name of insurance company and the amount you pay for coverage _____

Does the insurance reimburse you for expenses you pay? Yes No

To claim a deduction for medical expense you must provide us with a signed statement from the provider or paid receipts to document what you pay out of pocket for medical cost. Medical cost includes prescription medication, fees paid to doctors and dentist, cost of medical supplies including glasses, dentures, etc.

PART III: Current Housing

Current Landlord: _____ Address _____
Amount of monthly rent _____ Average cost of Utilities _____
How long have you lived at this address? _____ Are you being evicted? Yes No If so, why?

If you are not renting, what is your living situation (for example, are you living with someone?)

Are you now or have you ever lived in rent assisted housing? Yes No If yes, what agency provided the assistance, when did you move out, and what was your address. _____

Do you owe any money to any public housing authority? Yes No If yes, list amount and name _____

Have you or any other adult in this household 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

All applications are subject to a search of Police Records and clearance from prior assisted rent programs. You must disclose previous rental assistance and arrest history.

Has anyone living in this household been arrested for any reason? Yes No
Has anyone living in this household been convicted of any crime? Yes No
Has anyone in this household ever lived outside Alabama? Yes No If yes, who and where?

Has anyone living in this household been arrested on a drug-related charge? Yes No
Please Explain _____

NOTE: Police records are checked on each family applying for assisted housing. If you state that no one living in this household has ever been arrested and the Police Report shows an arrest, you have submitted a Fraudulent Application and will not be considered for housing.

Note: Please list at least two (2) phone numbers of friends or relatives that know how to contact you. When we are reviewing your application we need to be able to contact you to clarify information or to let you know if we are having problems completing your application to be included on our Waiting List.

Name: _____ Phone No. _____ Relationship _____

Name: _____ Phone No. _____ Relationship _____

To be considered for assistance under the Public Housing Program, you must provide us with references from prior landlords and/or credit references so that we can determine if you have a history of taking care of rental property and paying your debts. All applications are subject to a search of Police Records and clearance from prior assisted rent programs. Please complete the attached documents to finish this application.

Warning: Title 18, Section 1001 of the US Code states that a person is guilty of a Felony for knowingly and willingly making false or fraudulent statements to any Department or Agency of the United States or the Department of Housing and Urban Development.

Certification by Applicant:

As an applicant for rental assistance, I hereby certify that all information in this application is true, correct and complete. I understand that I am responsible for reporting any changes in this information in writing to the Housing Authority Office. I understand that all communication concerning this application will be by mail. Any mail, returned for an incorrect address or mail that is not responded to, will cause this application to be VOIDED and filed inactive. I also understand that applications for Public Housing must be renewed at least every ninety (90) days or the application is subject to being removed from the Public Housing Waiting List. I understand that this application is not a contract and in no way obligates the Housing Authorities of Guin, Hackleburg, Bear Creek or Winfield. I also understand that I am responsible for providing verification as required and that if I am not able to provide verification within ten (10) calendar days of the date requested, this application shall be considered VOID and filed inactive.

Date: _____ Signature: _____

Date: _____ Signature: _____



******* Do Not Write Below This Line *******

Date Application Accepted by PHA: _____ Accepted by: _____

HUD Income Limits: **30%** _____ **Low** _____ **Very Low** _____

Applicant Income as presented on Application (**Eligibility Income**): _____

File checked for previous record. Date checked: _____ By _____

Initial determination: Eligible Ineligible (Applicant verbally informed)

(Final Eligibility will be determined after application information is verified)

Application is hereby certified as: Eligible Date on Waiting list: _____

Ineligible Date Applicant Notified: _____

Certified by: _____ Date: _____

Date Created: September 2, 2004